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Doctor of Ministry Final Portfolio:

Structuring A Strategy to Provide Accredited
Clinical Pastoral Education for Chaplains in Puerto Rico

Submitted to Dr. Mark Brown

In fulfillment of the requirements for the completion of
the Doctor of Ministry Degree

Department of Christian Leadership and Church Ministries

by

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Abbreviations

ACCC	<i>Association for Certified Christian Chaplains.</i>
ACPE	<i>Association for Clinical Pastoral Education</i>
ACP	<i>Association of Professional Chaplains</i>
BCC	<i>Board of Chaplaincy Certification Inc.</i>
CH	<i>Chaplain</i>
CPE	<i>Clinical Pastoral Education</i>
DMIN	<i>Doctor of Ministry</i>
ICPT	<i>Institute for Clinical Pastoral Training</i>
SWOT	<i>SWOT Analysis</i>

Dedications

First to God who has delivered me and inspired me to serve His children, no matter where they may be found in the spirit of Matthew 25:33-40.

To my mother, Gloria Williams, who was always my confidant and always told me I could do anything I put my mind to.

To Jane Kristen Marczewski (stage name Nightbirde), class of 2013, Liberty University, who inspired this candidate with her saying, “You can't wait until life isn't hard anymore before you decide to be happy.”

To the many others, including Pastor John West, Pastor Benjamin Tolbert, Pastor James Henry, and Mr. Jonathan Mallory, who taught me to love and serve God and the people of God.

CHAPTER 1: MINISTRY PROBLEM AND JUSTIFICATION OF MICRO-PROJECTS

Introduction

Chaplaincy is the fastest-growing ministry in the United States.¹ There are several reasons for this, including diverse settings, a broad ministry, and a variety of people served. As the ministry grows, so does the research on chaplaincy. The last several years have seen a surge in research on chaplaincy.² There has also been greater attention paid to how chaplains are trained.³ The training still requires a theology degree, most often the Master of Divinity degree. More importantly, the training includes Clinical Pastoral Education.

Clinical Pastoral Education is an experiential learning opportunity based on the *action-reflection* training model.⁴ Typically, the requirement is four units, or 1600 hours, of training. CPE is now offered in virtually every state of the United States. However, Puerto Rico does not have an accredited CPE Program. As the island continues to grow, the need for Clinical Pastoral Education grows.

Ministry Context

ParacletePr Ministries is a 501(c)(3) nonprofit ministry based in Bayamon, Puerto Rico. The ministry provides mental health therapy, spiritual care, mindfulness training, and an

¹ Alan T. Baker, *Foundations of Chaplaincy: A Practical Guide*. (Grand Rapids, MI: Eerdmans, 2021), 1

² George Fitchett, "Recent Progress in Chaplaincy Related Research," *Journal of Pastoral Care and Counseling*, 71, no. 3 (2017), 163-175

³ Keith Evans, *Essential Chaplain Skill Sets: Discovering Effective Ways to Provide Excellent Spiritual Care*. (Bloomington, IN: WestBow Press, 2017), 5

⁴ William Beaumont Army Medical Center - Fort Bliss, What is Clinical Pastoral Education, last modified 2025, <https://william-beaumont.tricare.mil/Patient-Resources/Ministry-and-Pastoral-Care/What-is-Clinical-Pastoral-Education>.

emerging practice of Thanatology.⁵ The director of the ministry is an attorney, a licensed marriage and family therapist (PA), and an ordained chaplain. The ministry began as a marriage and family therapy practice in Delaware in 2007. The practice relocated to Puerto Rico in 2021. The ministry is staffed by ordained chaplains. These chaplains are theologically trained, though some require board certification.

The ministry operates according to the biblical precepts of Matthew 25:34-46. The Scripture, “The King will reply, ‘ And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.” (Mt 25:40, King James Version) is one of our ministry values.

The ministry seeks to provide comfort, care, and compassion for those in the community experiencing grief, trauma, and loss, as well as spiritual guidance. One way this is done is by providing professional chaplaincy in area hospices, non-profits, and community organizations.

Ministry Problem

The problem this student is seeking to address is that ParacletePr Ministries Inc. needs a strategy to provide accredited Clinical Pastoral Education (CPE) for its chaplains. ParacletePr Ministries has been seeking ways to complete CPE in Puerto Rico. There were a few possibilities. The Universidad Interamericana de Puerto Rico offers a CPE program at its Ponce campus. However, that program is not viable because it is accredited only by its own offering agency.⁶ The Bella Vista Hospital in Mayaguez offers a CPE Program. However, this program operates solely within the Adventist Chaplaincy Framework rather than the more universal

⁵ Thanatology is the scientific, interdisciplinary study of death, dying, and bereavement. It examines the physical, psychological, and social aspects of death, including grief, palliative care, and terminal illness. The field aims to understand the dying process, improve care, and support survivors

⁶ This agency is the College of Pastoral Supervision and Psychotherapy.

Clinical Pastoral Education framework.

The more universal model of Clinical Pastoral Education is accredited by the U.S. Department of Education or by affiliated agencies. There are two such CPE programs.⁷ One is the residential program, where didactic and experiential education occur at a single “brick and mortar” site. The other program offers didactic learning virtually, with experiential learning at a local clinical site. However, neither of these models currently offers services in Puerto Rico. The model sought for Puerto Rico would be one accredited by the US Department of Education. Such a program would need to be established in Puerto Rico.

To serve as professional chaplains, board certification is required. This certification is offered by two national organizations. Both organizations require 1,600 hours of Clinical Pastoral Education (CPE). As the ministry grows, there will be a need for board certification for new chaplains. Puerto Rico has no accredited Clinical Pastoral Education (CPE) program. In addition, many potential stakeholders at clinical sites are unfamiliar with CPE. Therefore, completing CPE in Puerto Rico is difficult.

Explanation and Justification of Micro-Projects

The selection of micro-projects addressing the ministry problem is informed by the problem’s context and three other considerations. ParacletePr Ministries is dedicated to helping others, primarily through mental health and spiritual care services (Mt 25:34-45). Secondly, as a Puerto Rico-based ministry, there is a commitment to the people of Puerto Rico. Third, the current level of chaplaincy in Puerto Rico needs to be raised. All of this combines to make this project an imperative.

⁷ CPE requires 300 hours of experiential learning and 100 hours of didactic learning for each 400-hour unit.

The micro-projects selected to address the ministry problem, in order, are the Article Critiques, Book Reviews, Panel Discussions, and the Ministry Development Plan. These micro-projects were strategically chosen to build a strong foundation for addressing the ministry problem.

Article Critiques

The Article Critiques micro-project was intentionally chosen as the first micro-project. Another name for the article critiques is a literature review. It provides a research foundation for resolving the ministry problem. This literature review is supported by the Holy Scripture, where one reads, “study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth.” (II Tim 2:15). A strategy for a new project requires a solid foundation. In this case, that foundation is achieved by reviewing the current research on Clinical Pastoral Education.

The ten articles presented a unique understanding of the dynamics of CPE. Studies were examined by researchers in both the United States and the United Kingdom. The studies offered a myriad of constructs applicable to the ministry problem. The articles examined healthcare teams, family interaction, patient satisfaction, intern development, and various CPE curricula.

The article critiques more than adequately served the purpose of a literature review. Literature reviews are essential for collecting relevant, timely research on a desired topic and synthesizing it into a summary of knowledge in an intended field.⁸ With this basis of knowledge, one is able to formulate constructs that further exploration of that field.

The article critiques shed light on the chaplain's work and the need for Clinical Pastoral

⁸ University of Illinois, “Literature Review,” The Learning Hub, last modified 2025, <https://www.uis.edu/learning-hub/writing-resources/handouts/learning-hub/literature-review>.

Education to support it. CPE is designed to deepen the Chaplain's self-awareness. It deliberately seeks opportunities to foster greater self-awareness. Self-awareness fosters compassion, empathy, and grace in the Chaplain. These are the cardinal virtues that enable Chaplains to be experts in spiritual care.⁹

With this understanding, it is not hard to see why the article critiques were the strategic starting point for this portfolio. The article critiques, in particular, helped to refine this writer's knowledge and interest in Clinical Pastoral Education. This literary analysis helped clarify why completing Clinical Pastoral Education is important and what its benefits are.

In Matthew 7:24-26, Jesus likens following His precepts to building a house on a rock. The same logic was employed in the article critique. This literary analysis revealed the current truths about CPE. It was important to review this literature because it laid the foundation for the project.

Book Reviews

After completing the thorough literature review (article critiques), there remained a need for further literary analysis. Scripture provides, “The heart of the prudent getteth knowledge; and the ear of the wise seeketh knowledge.” (Prov. 18:15). The next micro-project was a book review. The search focused on two books that would directly address chaplaincy and, more specifically, Clinical Pastoral Education. Again, the goal is to provide a solid foundation in the literature for approaching and resolving the ministry problem.

Chaplain Browning was met at a conference for chaplains. It was later discovered that he wrote a thorough book on chaplaincy titled *The Heart of a Chaplain*. This book reveals the world

⁹ Wendy Cadge and Shelly Rambo, eds. *Chaplaincy and Spiritual Care in the Twenty-First Century : An Introduction*. (Chapel Hill, NC: University of North Carolina Press, 2022), 5

and work of the chaplain in a way that complements the previous article critiques. The book discusses chaplaincy from the call to ministry to the myriad of venues in which chaplains serve.

Chaplain Browning provided a thorough discussion of CPE. He writes, "CPE is a process of experiential learning that can be painful, challenging, and wonderful."¹⁰ This expression of CPE reflects the duality of Clinical Pastoral Education.

This text proved to be a great incentive for the remainder of the project. It clearly captured the experience of Clinical Pastoral Education. Moreover, it helped to maintain a focus and commitment to establishing Clinical Pastoral Education in Puerto Rico.

Another valuable text was identified in the subsequent literature search. This text was written by a Clinical Pastoral Education intern while enrolled in the program. This text, *Clinical Pastoral Education: Nobody Said It Would Be Like This*, provided a unique look at the CPE process. This book also provided a boost to the overall project. It allowed the project to share the CPE process with stakeholders unfamiliar with the program.

Scripture provides, "Bow down thine ear, and hear the words of the wise, and apply thine heart unto my knowledge." (Prov. 22:17). This book review elevated the project and provided a wonderful segue into the next micro-project. The research could now offer thorough insight into the world of chaplaincy and how CPE provides the education necessary to enter it.

Panel Discussions

The next micro-project was Panel Discussions. This micro-project was the next logical step after concluding the literary analysis. The panel discussions enabled this project to gain insights from practicing Clinical Pastoral Education practitioners. Proverbs 1:5 provides, "A wise man will hear, and will increase learning; and a man of understanding shall attain unto wise

¹⁰ Jim Browning and Jim Spivey, *The Heart of A Chaplain: Exploring Essentials for Ministry*. (Birmingham, AL: Iron Stream, 2025), 172

counsels.” Hence, there was a transition from literary research to the experiential basis of knowledge. Again, while each micro-project had its own validity, this project followed a continuum designed to yield the best possible data for approaching the ministry problem.

This micro-project was fortunate to have certified Clinical Pastoral Educators from both the ACPE and the ICPT. These are the two CPE education providers that are certified by the US Department of Education or a subordinate agency thereof.

The experiential data corroborated the findings of the literary analysis. From this, it became possible to verify that the collected data was both valid and reliable. The collection of micro-projects enabled this project to move towards developing a strong strategy.

The panel discussions also identified and evaluated the two Clinical Pastoral Education models: traditional and hybrid. It was opined that the hybrid model would be the most appropriate model for Puerto Rico. This was very helpful as the hybrid model requires a unique strategy.

The panel discussions also affirmed the importance of Clinical Pastoral Education for professional chaplains. The combination of literary analysis and experiential data brought the overall project to a point where a strong strategy could be developed through the subsequent micro-project.

“Without counsel, purposes are disappointed: but in the multitude of counselors, they are established.” (Prov. 15:22). It was a great opportunity to meet with and discuss Clinical Pastoral Education with educators and practitioners. This opportunity revealed a great deal about the practical aspects of CPE and further strengthened the motivation to complete this project.

Ministry Development Plan

The Ministry Development Plan micro-project was intentionally selected as the final

micro-project. Thus far, this project has committed half of its work to data collection. The Ministry Development Plan then uses the assembled data to begin developing a strategy for resolving the ministry problem. This work was undergirded by the prayer, “Lead me in thy truth, and teach me: for thou art the God of my salvation; on thee do I wait all the day.” (Ps. 25:5).

In addition to the collected data, the plan includes constructs, such as a SWOT analysis, planning goals, team qualities, and action steps. The process of developing a strategy to address the ministry's problem statement was well underway.

The Ministry Development Plan is a blueprint for implementing accredited CPE in Puerto Rico. With the data and practical guidance, this project has taken shape. ParacletePr Ministries is ready to address the ministry problem.

The Ministry Development Plan will be further refined to identify which partners to contact first. However, the plan has provided direction on next steps after contact is made. All components of the project, including the article critique, the book review, and the panel discussion, have significantly informed this comprehensive plan.

This plan may have broader applicability. It outlines a strategy for developing professional chaplains and CPE programs wherever they are needed. This work is a great source of inspiration for building the kingdom of God. As Matthew 9:37 says, “Then saith he unto his disciples, ‘The harvest truly *is* plenteous, but the labourers are few.’” The world needs more providers of quality spiritual care.

The Ministry Development Plan has set its course towards resolving the ministry problem. However, this plan requires the blessing of God. So as this work continues, it is our prayer, as found in Psalm 119: 132-135; “Look thou upon me, and be merciful unto me, as thou usest to do unto those that love thy name. Order my steps in thy word: and let not any iniquity have

dominion over me. Deliver me from the oppression of man: so will I keep thy precepts. Make thy face to shine upon thy servant; and teach me thy statutes.”

Strategic Value and Placement of Micro-Projects

The micro-projects were strategically integrated into this project. They were systematically arranged, from the literature review to a comprehensive Ministry Development Plan, to address the ministry problem. Each micro-project held individual validity and collectively formed a whole dedicated to implementing Clinical Pastoral Education in Puerto Rico.

Clearly, one could see the hand of God in this project. In John 14:15-31, Jesus tells the disciples that God will send a Comforter to the people. Like the Disciple Thomas, the objective of this project was known, but the path was not. Jesus says, “Let not your heart be troubled.” (John 14:1). Prior attempts to complete this project had failed, and with them, the spirit to continue.¹¹ Jesus says, in John 14:26, “But the Comforter, which is the Holy Ghost, whom the Father will send in my name, he shall teach you all things, and bring all things to your remembrance, whatsoever I have said unto you.”

This plan seemed to flow together, guided by the Holy Spirit. In that regard, this writer expresses gratitude for the Comforter's guidance in this project.

Conclusion

The need for accredited Clinical Pastoral Education in Puerto Rico is the first step towards professionalizing chaplaincy on the island, and it is a very important step. The need

¹¹ This project has evolved from a mere request to find a clinical site at which to complete the CPE program. However, all attempts were declined because CPE was unknown. In February 2026, a community meeting was scheduled for April 29, 2026. That community meeting was postponed due to low interest. This current project was started shortly after that.

is growing as more people relocate from the mainland to the island. There are 65 hospitals and 42 Medicaid-sponsored hospices. This will increase as well.

The four portfolio projects were selected to develop a strategy to address the ministry's problem. Each micro-project was valid on its own, and together they formed a cohesive strategy for adoption. The Article Critiques, Book Reviews, Panel Discussions, and Ministry Development Plan all demonstrate that chaplaincy is growing and that Clinical Pastoral Education will be an important part of that growth.

CHAPTER 2: MICRO-PROJECT ONE

Justification

The first Micro-Project this student conducted to address the ministry problem was the Article Critiques. The problem statement is that ParacletePr Ministries in Bayamon, Puerto Rico, needs a strategy to provide its chaplains with an accredited Clinical Pastoral Education (CPE) experience. They cannot complete CPE because there are no accredited CPE clinical settings in Puerto Rico. Raising awareness of CPE in Puerto Rico can solve this problem.

The problem stems from a lack of understanding of Clinical Pastoral Education in Puerto Rico. Introducing CPE and sharing scholarly writings can increase awareness. This understanding will open new venues that can serve as Clinical Pastoral Education sites. However, successful awareness efforts must be grounded in solid research.¹² This requires reading published articles on CPE.

If the efficacy of CPE and its benefits to placement sites can be demonstrated, it may foster interest in developing sites in Puerto Rico. Again, this requires solid academic research on the issue. Hence, while the micro project is the most difficult, the article critiques is also the best way to lay a foundation for change and growth.¹³

What has been studied and reported has the greatest influence when discussing different educational approaches. Clinical Pastoral Education is not new. It has existed since the 1920s.

¹² Heather Vanderstelt, Alida van Dijk, and Simon Lasair, "Transformational education: exploring the lasting impact of students' clinical pastoral education experiences," *Journal of Health Care Chaplaincy* 29, no. 1 (2023): 92.

¹³ Cristian Barra, Ornella Wanda Maietta, Roberto Zotti, "The effects of university academic research on firm's propensity to innovate at local level: evidence from Europe," *The Journal of Technology Transfer* 46, no. 2 (2021): 522.

However, it may be new to some. This newness creates apprehension and reluctance to adopt. However, it is difficult to argue with the results that have been studied and published. The reason for choosing article critiques as a micro-project is that it provides a platform for raising awareness.

Another benefit of article critiques is identifying problems and preparing remedies for them.¹⁴ The goal is to persuade others to take the first step. This micro-project will introduce Clinical Pastoral Education (CPE) to the people of Puerto Rico and develop clinical sites for it. The goal is to provide chaplain aspirants with settings in which they can train for professional chaplaincy. This is not to say there will be complete capitulation in response to a few pieces of academic writing. However, there is merit in arguing from a solid base (Matthew 7:24-27). Therefore, the article critique provides the necessary foundation.

The chosen cognate is Chaplaincy. There is a call to serve the people beyond the four walls of the church. Chaplaincy encompasses a much broader ministry and often serves a more diverse community.¹⁵ The call from God is to serve those who need to know of God's grace and blessings. We must show hurt and despondent people that God has not abandoned them.

Finally, we need to assist people in practicing an awareness of more transcendent and existential realities that affect our lives. This cognate is intended to broaden skills in understanding and effectively presenting chaplaincy.

¹⁴ Wendy Cadge, George Fitchett, Trace Haythorn, Patricia K. Palmer, Shelly Rambo, Casey Clevenger, Irene Elizabeth Stroud, "Training Healthcare Chaplains: Yesterday, today and tomorrow," *The Journal of Pastoral Care & Counseling*, 73 no.4 (2019): 215.

¹⁵ Jim Browning and Jim Spivey, *The Heart of the Chaplain: Exploring Essentials for Ministry* (Birmingham, AL: B.H. Carroll, 2022), 8.

The inspiration comes from a chaplain who, despite many personal challenges, embodied the role. Father Mychal Judge, perhaps one of the most beloved chaplains, prayed daily, "Lord, take me where you want me to go; let me meet who you want me to meet; tell me what you want me to say; and keep me out of your way."¹⁶ Clinical Pastoral Education is an established prerequisite for certification as a professional chaplain.¹⁷ Board certification for a chaplain requires four units of CPE.¹⁸ Therefore, Clinical Pastoral Education has been adopted as a critical experience that chaplain candidates must complete.¹⁹ However, Puerto Rico has not been actively developing professional chaplains, and professional chaplaincy has only recently emerged as a viable profession in the United States.²⁰ We need fully prepared chaplains to address increasingly complex issues affecting our people. Our world is in the midst of change, and we need those who can comfort and care for others amid change.²¹ II Timothy 2:15 states, "Study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth." The chosen micro-project aims to inform and create opportunities for chaplain aspirants to study and prepare for professional chaplaincy.

¹⁶ Michael Ford, *Father Mychal Judge: An Authentic American Hero* (New York, NY: Paulist Press, 2002), Appendix

¹⁷ Association for Clinical Pastoral Education, "Frequently Asked Questions: What is Clinical Pastoral Education," Education, last modified 2020, <https://acpe.edu/education/cpe-students/faqs>

¹⁸ Board of Chaplaincy Certification, "Requirements and Definitions for Board Certified & Associate Certified Chaplains: General Requirements," Becoming Certified, last modified 2025, <https://www.apchaplain.org/bcci-site/becoming-certified>

¹⁹ Association for Clinical Pastoral Education, "Objectives and outcomes for level I/level II CPE," last modified December 17, 2021, Retrieved from <https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/objectives-and-outcomes-for-level-i-level-ii-cpe>.

²⁰ Wendy Cadge, Irene Elizabeth Stroud, Patricia K. Palmer, George Fitchett, Trace Haythorn, and Casey Clevenger, "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology* 69, no. 3 (2020): 208.

²¹ Ibid, 189.

Peer Review

The peers in this cohort have been fantastic. Hopefully, the decision-makers who must be convinced about this project will be equally supportive. Convincing others to adopt a new educational modality is difficult. One needs to become comfortable with rejection and resistance. People in Puerto Rico are highly skeptical of approaches emanating from the United States. This skepticism stems from Puerto Rico's status as a colony of the United States.

Samuel Petty is a peer in this ministry cohort. He writes, "I understand the importance of continued education that connects the knowledge of clinical psychology with the ministry work of pastoral counseling." Perry makes a good point in this comment. Chaplains are not just members of the clergy. Many are licensed mental health providers. Chaplains are uniquely educated to provide clinical and spiritual care.²² They bring theological and secular care to clinical settings and need to develop these skills.

CPE has been recognized as a primary training experience for clinically trained chaplains. Several research studies have demonstrated that CPE increases self-awareness, emotional intelligence, and positive client interactions. CPE has earned a required place as the work continues to develop appropriate curricula for chaplain education.

Chaplains are needed to deliver spiritual care effectively not only in clinical sessions but also wherever the need arises, regardless of the setting. Chaplaincy is growing and is no longer confined to healthcare.²³ Where there are hurt, despondent, and lost people, there is a need for a

²² Vignesh Sadras, Joseph A. Carrese, Andrea Fitz, Macy L. E. Gatti, and Paula Teague, "Exploring Patients' and Chaplains' Perspectives About a Spiritual Care Program in the Primary Care Setting," *Journal of General Internal Medicine* 39, No. 1 (2024): 1401.

²³ Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain* (Valley Forge, PA: Judson Press, 2006). 35.

chaplain. As the need for theologically trained clergy has decreased, chaplaincy programs have grown.²⁴

Gholston also writes, “I think the first step to approaching the decision makers in a feat such as this is to educate them on the impact and benefits the program could have not only for them but for the church, community, and person as a whole.” This writer has been denied the opportunity to serve in a church as a CPE student because the church does not understand the program. Moreover, in conversation with the chaplain at the Veterans Administration in Puerto Rico, there are no practical sites where a chaplain can serve as a CPE student. This should not be the case. As a result, the people of Puerto Rico are not receiving the comprehensive spiritual care they deserve.

In a conversation with an administrator at the statewide emergency response agency in Puerto Rico, it was noted that there is a volunteer cadre of chaplains; however, the only requirement for this position is theological training. Puerto Rico has no critical incident stress management (CISM) teams. CISM teams are another area where chaplains are found.²⁵ Given Puerto Rico's disaster-prone nature, this is a frightening reality. There is a critical need for chaplains in Puerto Rico. However, decision-makers need to understand what Clinical Pastoral Education is and what the trained chaplain offers.

Gholston is correct. Education is the first step. However, gaining access to decision-makers is difficult. When an opportunity arises, the advocate must have sufficient resources to

²⁴ Wendy Cadge, Irene Elizabeth Stroud, Patricia K. Palmer, George Fitchett, Haythorn Trace, and Casey Clevenger, "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology* 69, no. 3 (2020): 187-208.

²⁵ Paget, "The Work of The Chaplain," 70.

demonstrate the need. The first step is to collect and become well-versed in the available research on chaplaincy.

Dr Barnett was of particular assistance in developing the ministry problem. He offered one-on-one sessions to assist in developing an appropriate ministry problem. He wrote, “the ministry problem needs to be concise and related to the ministry setting.” Moreover, the ministry problem should be related to the cognate. Finally, a ministry problem should emerge from the local ministry.

With this specific guidance, it was possible to form a ministry problem that would address the chaplain ministry. This portfolio is dedicated to exploring means to bring more professionalism to the ministry here in Puerto Rico. One of the most important parts of professionalism is Clinical Pastoral Education. CPE is an important stage of development for professional chaplains. The absence of Clinical Pastoral Education is a critical absence in the professional development of chaplains here on the island.

The guidance from peers, especially the faculty, in this course has been particularly helpful. There was a problem, and the guidance from peers and faculty helped turn it into a workable ministry problem. There is a deep appreciation for the contributions of peers and faculty.

This portfolio project is designed first to provide clinical sites for the Chaplains at ParacletePr Ministries Inc. However, locating these practical sites will require island-wide education. This portfolio will benefit future chaplains and the people of Puerto Rico. The remainder of this micro-project will examine the existing literature to assess the education and influence that peer review has contributed.

Implementation

Article Critique

Article 1

Brand, Emi Alisa Johnson, Martin Shaw, and Jessica Galo. "Implementing Spiritual Care in the Pediatric Complex Care Clinic." *The Journal of Pastoral Care & Counseling* 77, no. 1 (2023): 27–33.

This article presented a survey of chaplain desirability. The hypothesis was that the chaplain would be a welcome addition to a vital care healthcare team. Fifty-one patients and their families were surveyed over more than one year. The study's overall favorability score was 8.3 out of 10 on a 10-point scale. The article indicated that the raw sample included both those who desired the chaplain and those who did not.

One of the article's concerns was that the chaplain was not fully integrated into the healthcare team. The study concluded that a chaplain was a helpful addition in critical care settings. However, the chaplain's tabulation of the family responses was contaminated by research bias.

This was a strong article because it clearly indicated its limits and intent. The article's weakness was its data collection method. The chaplain's use of a journal to record participants' responses introduced researcher bias into this article. An independent research model would have been more appropriate.

This article validates the role of spiritual care in a crisis care hospital unit. The patients and families were very satisfied with the chaplain's work. Spiritual care, including crisis care, is a necessary adjunctive treatment in the hospital setting. The critical care unit is the nexus between life and death. This is where spiritual care is most needed. The article suggests that the chaplain more than met the need. The chaplain met with the families up to 13 months after a death.

Moreover, the chaplain enabled an interdisciplinary care team to understand the families' cultural and religious differences.²⁶ This is the classic role of the chaplain.

The article could have been more substantial, but the data collection was unscientific. Although the families' and patients' satisfaction was beneficial, greater reliability could have been achieved with more rigorous scientific methods. Nevertheless, the chaplain's role in critical care units has been established.

Defining the elements of satisfaction may have been beneficial. Identifying the aspects of satisfaction would help chaplain education curricula and future chaplains better understand the role. Conversely, knowing what does not constitute satisfaction would provide insight into what to avoid.

This article did not explain how Clinical Pastoral Education (if present) contributed to the chaplain's success. Again, this knowledge would have benefited CPE programs and students. All the areas mentioned above are suitable for future research on the same question. As the author stated, this article was not meant to be a thorough research study. Instead, it was meant to document the chaplain's usefulness in a critical care treatment unit. In that regard, this article was well presented. The article identifies areas of care where the chaplain is best utilized. It also suggests that CPE can be a vehicle for preparing the chaplain for this challenging environment.

More traditional research is needed to fully understand the role of chaplains in more challenging care settings. Greater awareness of the value of chaplains in nontraditional roles will only serve to fully integrate chaplains into care teams. This is a valuable contribution to this article.

²⁶ Emi Alisa Johnson Brand, Martin Shaw, and Jessica Galo, "Implementing Spiritual Care in the Pediatric Complex Care Clinic," *The Journal of Pastoral Care & Counseling* 77, no. 1 (2023): 29.

Article 2

Cadge, Wendy, Irene Elizabeth Stroud, Patricia K. Palmer, George Fitchett, Haythorn Trace, and Casey Clevenger. "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education." *Pastoral Psychology* 69, no. 3 (2020): 187-208.

This article surveyed 21 chaplaincy education programs and identified five significant approaches to chaplaincy education. It identified these approaches through semi-structured interviews with participants, each of whom used Clinical Pastoral Education (CPE) differently. The article's main point is that there is no consensus on chaplaincy education. The article also fails to discuss how Clinical Pastoral Education would fit into the optimal chaplaincy education curriculum. The article concludes that there is a need for consensus on chaplaincy education. However, it does not identify the desired consensus.

This article's strength is its use of traditional methods to understand chaplaincy education. The article concluded that chaplain education and the chaplain's role remain undecided. Standards will be needed as chaplaincy grows.

The article identified 270 schools that are members of the Association of Theological Schools (ATS), the national accrediting agency. Of these 270 schools, 70 offer chaplain education programs. The authors then surveyed 21 of these 70 schools. Based on the survey, the article explained how schools have responded to the growth of chaplaincy in the United States.

The article explained that the schools' faith traditions have primarily shaped chaplain education programs. As a result, curricula have adopted different approaches and philosophies in chaplain education. The article noted that Clinical Pastoral Education is a component of many chaplain education programs. The article also included a table listing the schools and their educational approaches.

The five approaches were military chaplaincy, pastoral counseling, minority-religious, CPE, and interfaith. Each of these approaches is significantly different. In addition, the schools are led by leaders with various educational backgrounds, including some with PhD.s, some with DMin.s, and some with Ed.D.s., and some with master's degrees. The author correctly asserted that each of these disciplines has its own emphasis. The result is a chaplain education curriculum with no consensus. These authors gave a brilliant presentation.

The sample size in this survey was large enough to capture these essential differences. The central question is why the ATS, as an accrediting agency, did not set standards for member schools to meet. That, after all, is one of the roles of accrediting agencies. Moreover, although these authors note this lack of consensus, they do not propose an appropriate curriculum. This is a shortcoming in this article.

The results of this article are complex. While faith traditions are important, chaplaincy operates outside them. Chaplaincy operates in more pluralistic settings. Hence, the question of why there is no consensus on chaplaincy education seems curious. As the role of chaplains becomes more clearly defined, the means of preparation will become more specific.

Clinical Pastoral Education has made its mark across all these programs. As the article notes, many CPE centers operate outside the confines of theological schools. These CPE centers will be essential stakeholders in shaping the curricula for chaplains.

Another important stakeholder is the employing agencies for chaplains. The question is what they need their chaplain candidates to offer. This article raises important questions that many stakeholders will be interested in. The question of an appropriate curriculum will also evolve as the chaplain's role grows.

Article 3

Dhakal, Kerry M. "Collaborating with Clinical Pastoral Educators to Teach a Research Literacy Curriculum." *Journal of Hospital Librarianship* 22 no.1 (2022): 1–7.

This article examined the role of research skills in Clinical Pastoral Education (CPE). Although CPE is essentially an experiential program, the article argued that CPE students should possess research skills. The article reported on an effort in which Level I/II CPE students from Ohio attended three didactic research lectures. The students then met with a librarian. As a result, the students became proficient in research.

This article minimized the complexities of becoming a proficient researcher. This writer recalls spending hours digging through card catalogs with 3x5 cards in hand, followed by hours in the library searching for articles and books to identify the most appropriate question. Suggesting that one can become a proficient researcher with two didactic seminars and consultation with a librarian seems overly simplistic.

Research is undoubtedly crucial to the future of chaplaincy. As the article notes, research can help chaplains identify new approaches and skill sets. As chaplaincy continues to grow, there will be a need for those who can identify and validate new methods. Moreover, most professional vocations require proficiency in research skills. This article opened the door to a broader set of academic skills for chaplains.

This article did not specify what this class of CPE students did or was expected to do with their newfound skills. In that sense, it presented what is possible in the future. However, the study encouraged librarians to seek opportunities to collaborate with chaplain students, based on this experience.

It was not easy to accept that students who had completed or were pursuing theological studies lacked competent research skills. This was certainly not the case at the institution most

familiar to this writer. If it is possible to earn a master's degree without research skills, then CPE has an additional task beyond just the clinical skills. That may be the point of this article.

The article used a quasi-experimental design and established a baseline for the chaplain students. However, it did not include a post-intervention measure, which is a limitation.

This article seemed more directed toward librarians. However, the idea of librarians and future CPE students serving together was welcomed. If this team can discover new approaches to serving people, that would be valuable. The primary goal of chaplains is to serve people as effectively as possible.

A subsequent research effort could build on this article and demonstrate the results achievable by a team of a librarian and a CPE student. CPE programs should consider adding a research component alongside their clinical component. This would enhance the CPE program's potential as a developmental experience.

Chaplains are undoubtedly discovering new venues where they are required. The question is how chaplains will adapt to these new venues. Determining how chaplains will meet the challenges posed by new venues is the responsibility of the chaplain researcher. Toward this end, research skills are essential for chaplaincy.

This was an important article. It raises questions that chaplains may not have considered. As educational institutions struggle to develop a curriculum for chaplain education, research on the chaplain's role may be highly beneficial. Hence, research skills will form the basis for this further research.

Article 4

Doherty, John Patrick, and Daniel Nuzum. "Can You See What I Say? Beyond Words," *Health and Social Care Chaplaincy* 11, no. 2 (2023): 205–19.

This article explores the distinct challenges of offering spiritual care to deaf populations. It asserts that the key qualities required of the chaplain are empathy and compassion. The chaplain must also be proficient in both verbal and nonverbal communication. Additionally, CPE students must be familiar with the deaf community's culture and communication practices.

The article argues that the deaf community has a distinct language and culture. The chaplain is obliged to learn about and appreciate this culture. Although not a formal research study, the article is important because it recognizes CPE as an essential educational experience for chaplains serving special-needs populations.

The author of this article explores the unique opportunities and challenges of providing meaningful care and support to members of the hearing-impaired community.²⁷ As a member of this community, this writer truly enjoyed the article. The authors did an excellent job of discussing the unique nature of this special needs community. However, the article could have made a more significant contribution by discussing chaplaincy in special-needs communities. This is regardless of the nature of the need.

The authors' discussion of how CPE prepares chaplains to serve this community was focused on the special needs community. The authors assert that CPE is developing emotional awareness, which is particularly valuable. They highlight that CPE is uniquely positioned to prepare future chaplains with the relational and spiritual competencies required to work in these communities. These skills are needed to work with any group of people facing challenges.

²⁷John Patrick Doherty, and Daniel Nuzum, "Can You See What I Say? Beyond Words," *Health and Social Care Chaplaincy* 11, no. 2 (2023): 208.

The article focused on a single chaplain and their experience serving this community. Additional chaplains who had served the same community should have reflected on their experiences. These reflections could have provided a more complete understanding of spiritual care within a special-needs community. Understanding the need for spiritual care in special-needs communities is as great as the challenges these communities face. This was a missed opportunity.

The article should have included direct feedback from those served. Often, there is a gap between what the provider and the recipient believe occurred. More research is needed in this community to understand its needs and to guide what is offered. This article encourages directing more CPE students and programs toward communities with special needs.

The article's key point was that chaplains can effectively serve this community if they practice empathy, understand their role as spiritual care providers, and understand the community's norms and values. An additional requirement is to understand the community's unique language. This is exciting because it broadens CPE's reach.

This article should be added to the ongoing discussion on the most relevant curriculum for chaplain education. Chaplains are called to serve God's children, including those with emotional and developmental challenges. The chaplain is God's agent who reaches outside the walls and enters communities where others do not go. Therefore, we must extend understanding and appreciation to communities with special needs. This is the basis of this article, and it is logically expressed.

Article 5

Fleenor, David W., Beth L Muehlhausen, Cate Michelle Desjardins, and George Fitchett. "Essential Competencies for Healthcare Chaplains: Insights From Hiring Managers and Implications for Chaplaincy Education." *Journal of Health Care Chaplaincy* 31, no.1 (2024): 76–95.

This article discusses ongoing efforts to develop a chaplain education curriculum. The hypothesis addresses stakeholders' interests and the optimal model for a chaplain education curriculum. One hundred hospital chaplain hiring managers were contacted. Twenty-one responded, and ultimately, seventeen participated in a semi-structured Zoom conference. The study used the Reflective Thematic Analysis research model.

The sample consisted solely of managers with three years of experience who had recently hired two chaplains. This ensured both experience and recent interaction with chaplains. However, only 17 hiring managers could participate in the sample.

The study employed rigorous research methods, including Zoom interviews and semi-structured surveys. Professional data transcribers transcribed the interviews, and the collected data was analyzed using Reflexive Thematic Analysis. This analysis enabled the development of a narrative of the stakeholders' perspectives.

This study presented a table listing the nine themes, their definitions, and additional discussion. The tables were helpful in understanding the participants' rationale and decision-making. The nine themes represent the qualities most sought in chaplain candidates.

However, the study's main limitation was the small sample size. Another study with a larger sample size is necessary to validate these results. The research question and the research model were aligned.

This study hypothesized that insights from healthcare chaplain hiring managers would best inform the evolution of national curriculum standards for chaplains. The data analysis produced themes that did not align with the knowledge, attitudes, and skills competencies required for most employment opportunities.

Instead, this study identified a distinct set of competencies more closely aligned with chaplains' performance standards. These competencies included strong interpersonal skills, teamwork, knowledge of family systems theory, and knowledge of healthcare settings. The authors surmised that these competencies did not differ significantly from those listed in less rigid articles. Notably, this was the first study to focus on stakeholders' needs.

The study produced a list of competencies that could guide theological schools and CPE curricula. The difficulty with this study was the small sample size. This necessitates an additional similar study with a larger, more reliable sample size.

Focusing on stakeholders may be the right approach to developing a chaplain curriculum and CPE experience. However, there are more stakeholders than hiring managers. Although this study offered a new approach, it remained too narrowly defined. Stakeholders must include those served by the chaplain and the professionals who collaborate with the chaplain.

Input from all members of the chaplain's community is essential. Once these views are sufficiently defined, standards can be established. A better approach would be to form a focus group comprising all identified stakeholders. This focus group could develop a set of needs from all perspectives and ideally reach consensus.

Research may show that what is ideal in the healthcare setting may also be appropriate in other settings where chaplains serve. There remains a need to establish a comprehensive standard for preparing chaplains through theological training and clinical experience.

Article 6

Lasair, Simon. "What's the Point of Clinical Pastoral Education and Pastoral Counseling Education? Political, Developmental, and Professional Considerations." *The Journal of Pastoral Care & Counseling* 74, no. 1 (2020): 22–32.

This article argues that those who provide spiritual care must first be spiritually healthy. The author argues that spiritual health comes through awareness, openness, and wisdom. Regarding CPE students, the article offers a few recommendations that reference these terms. The primary recommendation for CPE students is that the education centers must ensure or develop the students' spirituality.

This was not a research article. The author's discussion was based on a literature review. The basic premise was that one cannot provide spiritual care without a good sense of spiritual health. The author then presented the development of the concept of spiritual health within culture.

The author's basic premise was logical. However, it was not easy to see how the cultural presentation contributed to that premise. Moreover, the cultural presentation was complex and difficult to follow. It drew a distinction between spiritual and religious, which is important. The author defines spirituality as a consciousness of a metaphysical reality.

The article offered perspectives that did not appear to have a reasonable basis. There was no evidence supporting many of these perspectives, some of which this writer disagreed with. For example, the author argues that a person can have a secular spirituality. This writer holds that spirituality is based on belief in a higher entity. The notion of secular spirituality seems incongruent and contradictory to the author's earlier definition of spirituality.

After this cultural presentation, the author introduced the concepts of Freedom and Contentment. Freedom is a person's awareness of and independence from forces that might limit their health and well-being. Contentment is the capacity to distinguish between what is needed and what is wanted, and to pursue only what is needed. The author argues that these terms are relevant to the spiritual care provider and to their relationship with the environment they serve.

This is a valid contention, as the spiritual care provider can make sound choices about how best to provide spiritual care.

The author then offers the terms awareness, openness, and wisdom. Awareness is a person's capacity to understand how one has been formed. Openness is the capacity to detach oneself from oneself in the present experience. Wisdom is the capacity to draw accurate conclusions about the nature of reality based on awareness and openness. These terms are essential to being a member of a healthcare team that provides spiritual healthcare.

Finally, the author offers a few recommendations. The author argues that CPE programs should be grounded in spirituality. In addition, an assessment model is needed to measure students' personal and professional spiritual integration. The CPE program must be grounded in an *action-reflection* model. Finally, the CPE strategy must be grounded in the spiritual healthcare provider within an interpersonal environment. These are noteworthy observations for both theological and CPE experiences.

This article presented noteworthy observations. However, it was difficult for the reader to focus on the material. The presentation on cultural development was distracting and discouraging. By contrast, the presentation on awareness, openness, and wisdom was very perceptive. A research study that employs these concepts could lend them validity..

Article 7

Yangmyung, Ma, Riaz Armaan, Aitzaz Munir Shaikh, Bhatti Dujanah Siddique, Dujanah Siddique Bhatti, Mohammed Farid, and Muhammad Adil Abbas Khan. "Exploring the Perceptions Surrounding Hospital Chaplains in Patient Care and Healing." *The Journal of Pastoral Care & Counseling* 76, no. 3 (2022): 181–88.

This article surveys healthcare team members about the role of the chaplain. A total of 153 medical staff members representing a variety of healthcare roles were included in the

sample. The results indicate an average level of awareness of the chaplain's role. A large number view the chaplain as a team member. The sample reported low awareness of the chaplain as an emotional care provider. The study concluded that chaplains need to develop a professional identity and, first, strong spiritual competence. This survey was conducted in the United Kingdom.

There has been extensive research on chaplains' education and key competencies. This paper examined chaplains' impressions from the healthcare team's perspective. The study was sent to 153 members of the medical team. The author acknowledges that this was not the most rigorous research method. Moreover, the sample size for the completed survey was small. Finally, only one medical team was surveyed. Undoubtedly, a larger sample size may have changed the results of this study.

Nevertheless, the study produced some interesting results. Sampling the healthcare team provided insight into the attitudes the interdisciplinary team would be encountering. These attitudes would affect the way the team collaborates. Hence, this understanding is vital to a cohesive and well-functioning team. In this sense, despite its flaws, this study was significant. This knowledge aids the chaplain's theological and CPE training.

The study reported that 35% of the sample had an average knowledge of the chaplain's role. Almost 85% of the sample believed the chaplain's role was limited to prayer services, religious activities, and meetings with patients and families. 80% of the medical team believed chaplains receive some formal religious training. 50% of the sample believed the chaplain was a paid hospital employee.

While these results are unreliable, they underscore the need for chaplains to do more to promote their professionalism and ensure they are recognized as members of the healthcare team.

Many chaplains are licensed medical providers with extensive clinical experience. As chaplaincy grows and the value of spiritual care increases, the results of this study are expected to change. However, this three-year-old study offers a strong starting point.

The research method was also very rudimentary, which posed a high risk of sampling error. A more structured research study may yield different results. The research question was valid; however, the method did not do it justice. Moreover, every setting will offer its own dynamics. Therefore, this study provides awareness but not a conceptual reality.

However, the most important finding from this study is that chaplains need to strengthen their professionalism, which begins with training and CPE experiences. Chaplains offer what other team members cannot: spiritual care. This unique discipline of care deserves the same respect as any other specialization in comprehensive care.

Treatment centers need to employ chaplains as they would any other medical professional. Therefore, it is essential to understand what hiring managers look for in chaplain candidates. This study made it clear that chaplains are misunderstood team members. Work remains to be done to professionalize chaplaincy. This study must be replicated in several settings to build proper awareness.

Article 8

Mendenhall, Tai J, Doneila McIntosh, David Hottinger, and Tai J Mendenhall. "Walking-the-Walk: Attending to the 'Spiritual' in Medical Family Therapy's Biopsychosocial/Spiritual Care." *Contemporary Family Therapy* 44, no. 1 (2022): 44–54.

This article was not a research study. Instead, it was based on a literature review. The author asserted that spirituality is becoming an effective addition to healthcare. Spirituality aids patients and families in meaning-making and provides a sense of purpose, meaning, and well-being. While this is a new approach, it is receiving widespread recognition.

This article was interesting but offered no research evidence to support its assertions. While the assertions have merit, they would be more readily accepted if evidence-based research demonstrated how spirituality supports healthcare practice.

The author addresses MedFTs, in which Family Therapists are included on healthcare teams. One of the tools these teams use is spirituality. The author then focuses on spirituality in healthcare. The author posits that new healthcare providers recognize the value of incorporating spirituality into care for patients and families. The author continues by noting that many educators and supervisors are beginning to receive training to provide spiritual care.

This seems questionable, as many professional codes of ethics still raise concerns about the inclusion of spirituality in treatment. However, the tide is changing, and there is significant diversity on the issue. For instance, the American Association of Marriage and Family Therapists Code of Ethics requires therapists to be aware of their beliefs about spirituality and how those beliefs affect the therapeutic relationship.²⁸ This article is bold and welcome. Medical science is beginning to acknowledge the positive relationship between mental and physical health. Spirituality is a component of mental health. This article will add to the mounting evidence supporting the role of spirituality.

The article distinguishes religion and spirituality. The authors write that religion is an external set of beliefs, dogma, rituals, and behavioral practices. Spirituality is a broader, deeper personal perception of life, meaning, and purpose. Spirituality focuses on relationships, courage, and existential realities that religion may not address. This writer found this to be the best distinction between the two concepts.

²⁸ American Association of Marriage and Family Therapy, "Spirituality Resources For MFTs," Enhance Knowledge, Last modified 2025, https://www.aamft.org/AAMFT/enhance_knowledge/Spirituality_Resources.aspx.

One concern with this article is that integrating spirituality into mental healthcare practice may risk crossing professional boundaries. Clinicians are more science-based, while chaplains are more existential-based. This writer could argue that allowing those with a primary focus to practice their professions is necessary. The alternative may be a decline in the benefits of comprehensive healthcare.

The author suggests that spirituality encompasses empathetic engagement with patients and their families, allowing both to acknowledge their whole selves. This writer believes that self-acceptance is essential and that mounting evidence shows that healthcare must be holistic. There is a positive relationship between the psyche and physical health. When the soul is troubled, there is often a corresponding physical manifestation. Spirituality helps settle the psyche.

The authors then assert that emerging research shows the value of chaplains in healthcare settings. Chaplains help promote a positive organizational culture. This assertion is an understatement. Chaplains add balance to a highly clinical, often sterile environment. They remind everyone that this is a place for healing and the elevation of humanity.

This article recognizes that the movement to integrate spirituality into healthcare is progressing slowly. However, spirituality is most effective when it is a vital part of care. Unfortunately, change often follows a slow path.

Article 9

Szilagyi, Csaba, Mark Newitt, Daniel Nuzum, and Kingston Rajiah. "Chaplain Development in Clinical Pastoral Education (CPE) in Healthcare Settings in England: A Mixed Methods Study." *PloS One* 19, no. 9 (2024): 1-30.

Using a mixed-methods approach (quantitative and qualitative), the study examined eligible participants in a pilot CPE program in the United Kingdom. The quantitative model used

pre- and post-surveys based on the Spiritual and Religious Care Capabilities Competencies for Healthcare Chaplains instrument. The qualitative method involved a Reflective Thematic Analysis of a Focus Group.

Four themes were identified in the data: Development, Catalyst for Development, Advantages of CPE Education, and Participant Experience in CPE. Each theme showed significant development. The sample's reported experiences indicated that CPE is a desired component of chaplain education in the United Kingdom.

This article is perhaps the most rigorously researched among those presented. The authors employed multiple research methods over four months, and the resulting data revealed several key findings. The sample was subjected to pre- and post-surveys and focus groups. The data were analyzed using Thematic Research Analysis. In addition, several evidence-based tests were administered to the sample.

The primary flaw in this research was the sample size. Although 100% of participants responded, the sample included only 7 participants. Despite several emails sent over a three-month period, the sample size remained small. Another flaw was the data collection. The study relied entirely on self-reports. There was no control group against which to compare the research group.

Despite these research flaws, several significant results were obtained. The four themes were important, and participants showed gains in each. For example, the participants showed greater self-confidence. They also demonstrated excellent professionalism when working with interdisciplinary teams. This latter result was concerning.

The study did not assess the healthcare team's impressions of the CPE students. While a personal sense of professionalism is essential, a comprehensive measure of professionalism would also include the healthcare team's attitudes. This was an important oversight in the study.

The participants also reported a greater sense of self-awareness, defined as an appreciation for diversity. This finding is valid. However, the relevance of this finding would have been strengthened if patients and their families had been surveyed and their impressions of this diversity assessed.

The study also reported that participants had improved listening skills. However, there was no quantifiable measure of this improvement. Moreover, this finding would have been bolstered if patients and their families had been surveyed to gauge their impressions of this improvement in listening skills.

Finally, the participants endorsed CPE as a necessary component of chaplain education. However, given the sample size and sampling omissions, this endorsement lacks significant merit. This was an important starting point for determining a CPE student's impressions of the CPE experience. However, the noted omissions are of substantial value to the CPE experience.

CPE is intended to prepare students to work in an interdisciplinary team that benefits those they serve. Focusing solely on students' impressions will provide only a partial understanding of the experience's value.

Article 10

Vanderstelt, H., Alicia van Dijk, and Simon Lasair. "Transformational education: exploring the lasting impact of students' clinical pastoral education experiences." *Journal of Health Care Chaplaincy* 29, no.1 (2022): 89–104.

This article presents current data on the lasting impact of CPE on students who complete it. Participants who completed at least one CPE unit were surveyed to assess their CPE

education. The study included eighty-eight students. The surveys were analyzed using Thematic Analysis and grouped into six themes. 97% of participants reported lasting growth from their CPE experience. While these results were significant, they did not suggest a model for chaplain education.

While this was another self-report survey study, there were distinctions. The survey sample was larger (34) but still insufficient for generalizability. The survey consisted of only 22 questions, which were insufficiently comprehensive to elicit substantial data.

No questions were directed to the patients, their families, or the other healthcare team members. Without this data, the results of the experience can only be skewed. These defects significantly weakened this study. However, there were important results, as the intent was to measure participant satisfaction with the CPE experience.

It was noteworthy that the sample was composed mainly of community clergy. There were no inexperienced seminarians. The reported results came from those who had been in active ministry for a while, which added weight to this study. What is distressing is that the study focused on participants who had completed only one CPE unit, raising questions about the integrity of the results.

26% of participants reported increased Emotional Intelligence (Goleman). This was after one CPE unit. They reported an increased ability to identify and manage their emotions, which seemed inflated. In addition, participants' understanding of relationships with others increased. These were significant results given the minimal exposure to CPE.

Despite flaws in the study's methodology, participants found the experience beneficial. The study's results were encouraging regarding CPE's effectiveness and served as an endorsement of CPE. The experience also had a positive effect on participants' spirituality.

94% of participants reported continuing to use theological reflection aids, such as journals and diaries, during CPE. Although use decreased slightly after CPE, this remains encouraging for overall spirituality. In addition, there was an increase in the use of devotionals during CPE.

The study presents evidence of these participants' positive outcomes based on their self-reports. Had a control group been included for comparison, the study would have been more compelling. Future research on CPE will need to demonstrate its indisputable benefits.

The study also reported that fifty percent of the participants could transfer the skills gained in CPE to their ministry setting. In this context, the experience produced significant results for the participants. However, it is important to remember that these were self-reports, which are prone to substantial bias.

This study does not address additional aspects of CPE, such as clinical skills outcomes. Therefore, this study cannot be considered conclusive. However, there is strong reason to consider CPE as efforts to determine the appropriate curriculum for chaplains continue.

Analysis of the Micro-Project

This project was both successful and rewarding. Perhaps the most valuable outcome was clarity. Before the research, it was believed that Clinical Pastoral Education (CPE) was a highly effective educational experience. The research confirmed this belief. CPE has been tested in several countries, and the results have consistently been positive. One study stated that CPE is the most crucial experience in chaplain education. As the work continues to design the most appropriate education for chaplains, CPE has earned its rightful place.

The benefit of this micro-project is that there is no need to demonstrate the value of CPE. The remaining task is to engage stakeholders to open clinical settings in Puerto Rico. This will require additional work. However, a solid foundation has been established. It will be more difficult for prudent managers to ignore the necessity of CPE in this country.

Moreover, CPE has been shown to be flexible and appropriate for settings that typically employ chaplains. While most of the research in this micro-project focused on healthcare, CPE's objectives are not limited to healthcare. CPE seeks to build the person, not the milieu.

Chaplaincy requires a few core qualities, such as self-awareness, listening skills, and spirituality. This micro-project consistently demonstrated that CPE develops those qualities in the chaplain candidate. Therefore, this micro-project addresses the "why" question inherent in the portfolio problem statement.

Future micro-projects will continue to address the "how" question in the ministry problem. Specifically, how will this portfolio approach the design of a strategy for chaplains to experience CPE in the ministry setting? This question focuses on cultivating a need among stakeholders in Puerto Rico. The overall portfolio problem statement depends on external stakeholders.

Ultimately, the stakeholders need to decide whether professional chaplains are needed in Puerto Rico. Resolving that question is the goal of this work. Chaplains provide spiritual and health care, both of which are required to build wholeness. CPE provides the clinical experience needed to deliver spiritual care.

Another clarification from this micro-project is that, now that the value of CPE has been established, it is essential to educate others about it. That will be the focus of this portfolio project. Two accredited organizations manage Clinical Pastoral Education. One is the Association for Clinical Pastoral Education (ACPE). The other is the Institute for Clinical Pastoral Training (ICPT). Both organizations offer CPE as a bifurcated program comprising an academic dyad and a clinical dyad. In most settings, the two dyads are held at the same location.

The settings exist; however, they are unfamiliar with CPE in Puerto Rico. This project seeks to make them familiar with CPE. This micro-project was the first step. Establishing the efficacy of CPE was important. Fortunately, there was extensive current research on CPE. This micro-project identifies a portion of that research. In addition, the most prolific researcher was identified. This provides a firm foundation for this project.

In future micro-projects, the aim is to demonstrate how CPE functions and the benefits of having a CPE-educated chaplain in one's organization. Resources for structuring such an argument are also available. These resources need to be presented in a clear, professional manner, as this micro-project was. The portfolio needs to be readily available to the stakeholders. The stakeholders need to be appropriately educated. This micro-project has made education the vehicle for resolving the ministry problem at Paraclete Ministries Inc.

It is good that this micro-project focused on a literature review. This gives the overall project a strong foundation to start. The researchers addressed a myriad of issues and produced

solid research. The research left sufficient room for additional research. This provides a solid foundation.

This project must be both educational and convincing. Given the time and investment this project will require, the partners must be certain of what they are producing. Decision-makers' positions often rely on strong data, and this literature review provides the necessary evidence.

The purpose of a literature review is to gather relevant, timely research on a chosen topic and synthesize it into a cohesive summary of existing knowledge in the field. This then prepares one to make one's own argument on that topic or to conduct original research.²⁹ This micro-project produced a literature review that has achieved the stated goals for this effort.

This project adapted the state-of-the-art (SotA) literature review methodology.³⁰ This method of literature review seeks to identify, organize, and elevate the most current knowledge of a phenomenon. While many types of literature reviews amalgamate bodies of literature, SotA reviews offer something unique. By looking at the historical development of a body of knowledge, SotA reviews delve into questions such as: Why did our knowledge evolve in this way? What other directions might our investigations have taken? What turning points in our thinking should we revisit to gain new insights?

In a future micro-project, this work will meet with four clinical educators in CPE. The goal is to understand how these educators view the importance of CPE and the best approach to establishing CPE in Puerto Rico. This work will serve all the people of Puerto Rico. The most direct benefit will be the elevation of spiritual care. As this work shows, spiritual care is an added dimension to overall healthcare.

²⁹ Hector Vasquez, *Mastering The Literature Review in Doctoral Research* (Self-Published, 2026), 10

³⁰ Erin S. Barry, Jerusalem Merkebu, Lara Varpio, "State-of-the-art literature review methodology: A six-step approach for knowledge synthesis." *Perspect Med Educ* **11** (2022), 281–288

CHAPTER 3: MICRO-PROJECT TWO

Justification

The second Micro-Project this student conducted to address the ministry problem was Book Reviews. The problem is that ParacletePr Ministries in Bayamon, Puerto Rico, needs a strategy to provide accredited Clinical Pastoral Education (CPE) for its chaplains.

The chosen cognate is Chaplaincy. This selection reflects a desire to serve people beyond traditional church boundaries. There is a growing demand for chaplains across diverse settings. They work in hospitals, prisons, the military, and workplaces, and also serve in unusual locations, such as racetracks and truck stops.

The expansion of the chaplaincy ministry challenges seminaries to develop new curricula to meet this growing need. This chaplain aims to serve in both Disaster Relief and Community chaplain roles. As a licensed mental health clinician, this writer was trained to provide both spiritual and emotional support to others. This training is valuable because most people a chaplain serves will face emotional struggles. In addition, spiritual care is often necessary.³¹ Therefore, this candidate feels prepared to offer meaningful support as a chaplain.

Chaplaincy involves addressing many sensitive issues. The most critical need is for those prepared to serve clients experiencing various trauma-related struggles. Trauma and traumatic injuries are increasing in our society. Therefore, there is a need for chaplains who can offer both trauma care and spiritual support. Providing trauma care requires specialized training. Clinicians must dedicate themselves to working with clients who have profound psychological wounds. Chaplaincy requires many years of education and training. One essential part of this training is

³¹ Kevin Massey, *Light Our Way: A Guide For Spiritual Care In Times Of Disaster* (Alexandria, VA: National Voluntary Organizations Active in Disaster, 2006), 28.

Clinical Pastoral Education (CPE), a practical program that helps shape the intern's character.³² Many professional organizations, such as the Association for Professional Chaplains, require CPE for chaplain certification.³³ CPE involves both classroom learning and hands-on experience. It usually takes about two years to complete CPE. The CPE experience helps develop the candidate's character into that of an experienced spiritual care provider. Typically, CPE occurs in a hospital setting, but the range of settings is expanding as demand for chaplains increases.

This ministry problem underscores the need for more clinical sites in the Commonwealth of Puerto Rico. Developing CPE sites will be challenging because awareness of CPE on the island remains limited. Therefore, education about CPE is essential. Additionally, willing site managers must understand the importance of hosting a CPE candidate at their facility. This micro-project and future ones aim to build the knowledge and wisdom needed for the growth of CPE in Puerto Rico. This project focuses on providing book reviews that help establish the foundational literature for upcoming efforts. This literature foundation began in DMin 851, which centered on critiquing articles. In that micro-project, several research and academic articles highlight the importance and vitality of CPE. This micro-project will continue that approach by reviewing two books related to chaplain training and CPE.

The two books reviewed were written by experts in the ministry. One author examines the ministry across the full spectrum of call to service. The other author focuses specifically on the experience of Clinical Pastoral Education. Together, the authors offer a more complete

³² Association for Clinical Pastoral Education, "A Brief History," Association of Clinical Pastoral Education, ND, https://acpe.edu/docs/default-source/acpe-history/acpe-brief-history.pdf?sfvrsn=a9e02b71_2.

³³ Board of Chaplaincy Certification Inc., "Common Qualifications and Competencies," *Becoming Certified*, last modified 2025, <https://www.apchaplains.org/bcci-site/becoming-certified/common-qualifications-and-competencies>.

presentation of how one fits the other. That is the essence of the ministry problem. CPE is a necessary part of the development of professional chaplains. The need for professional chaplains in Puerto Rico has already been presented.

Chaplains at ParacletePr Ministries must pursue certification. This certification requires completing the required CPE hours. Establishing CPE sites is crucial to supporting this ministry preparation. This portfolio project is dedicated to establishing a strategy for creating CPE Programs or clinical sites within the ministry context.

In Proverbs 1:7, one reads: "The fear of the Lord is the beginning of knowledge, but fools despise wisdom and instruction" (King James Version). This micro-project lays a foundation for further instruction. It does not assume that the potential stakeholders are fools. To the contrary, the stakeholders are wise and prudent caretakers of the island's resources. Once informed of the need, wisdom will guide the process. Clinical Pastoral Education sites will be established in Puerto Rico.

However, the instruction must be thorough and convincing. One must make a full effort to guide others toward wise decisions. This writer must logically connect this micro-project to subsequent projects and be comprehensive in fact to achieve the desired results.

This project is dedicated to caring for God's people. Matthew 25:40 states, "The King will reply, Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me." Puerto Rico has had more than its share of disasters and has traditionally been overlooked. The people of Puerto Rico deserve fully prepared and credentialed spiritual care providers. It is overdue that they have the most comprehensive spiritual care services that professional chaplaincy provides.

Peer Review

As this micro-project progresses, it would be remiss not to thank the peers who have made valuable contributions. Peer review is essential. It is a crucial process in research and academics because it enhances the quality of the work. Peer review helps identify oversights in the research model and key concepts that could benefit the project.³⁴

In this project, there have been two helpful peer reviews. The first review was from William Craig. Craig supports the view that Clinical Pastoral Education is not well known. He also agrees that its potential becomes clear once someone learns about CPE. Craig writes, “CPE improves pastoral ministry by developing the whole person and fostering practical self-awareness.” In reaching this conclusion, Craig cites an article in which the author states, “Clinical Pastoral Education (CPE) has been one of the most beneficial programs in their personal and professional life.”³⁵ That author further notes that CPE is not only for seminarians. CPE can be completed at any stage of a ministry career. Clinical Pastoral Education provides benefits regardless of the pastoral role.

Another author writes, “CPE is a key part of pastoral training.”³⁶ The main goal is not to turn someone into a chaplain but to help them become their best pastor, whatever their ministry. In CPE, learning is transformative, reshaping both the person and the minister.³⁷ Craig also emphasizes the importance of promoting CPE. He asks, "How many churches are

³⁴ Wendy G. Buden, “In This Issue: The Value of Peer Review,” *Journal of Perinatal Education* 34, no. 1 (2024): 1

³⁵ Victoria Tayo Aja, “The Clinical Pastoral Education and Its Benefits to Church Pastors,” *Ministry: International Journal for Pastors*, (March 2024): 22.

³⁶ Ivan H. Omana, “What is Clinical Pastoral Education?” Produced by Ministry: International Journal for Pastors. *Ministry Magazine Podcast* 2024. Podcast, MP3 audio, 7:25. https://www.youtube.com/watch?v=R_bTMhJdgAc

³⁷ *Ibid.*, 23.

aware of the program?" — a question that gets to the heart of this effort. The message about CPE needs to reach a broad audience. Craig contends that the digital format is the fastest way to promote CPE.

A recent article notes that digital technology has transformed how ministers connect with congregations. This reliance on digital tools is especially prevalent in urban areas, where residents are more likely to be online and active on social media. The author adds that the Internet and other technological advances have altered human relationships with God and with one another.³⁸

Craig's recommendations have significantly impacted this project, and this writer thanks Craig for his contributions. Craig's contributions include the value of peer review, and this project will adopt those recommendations.

The other peer reviewer is Randall Keith. Keith identifies two areas for further development. The first is to expand Clinical Pastoral Education beyond the traditional hospital setting. The second addresses Puerto Rico's needs.

The Institute for Clinical Pastoral Training (ICPT) is a leading provider of Clinical Pastoral Education (CPE). The ICPT offers a hybrid CPE model that provides digital clinical supervision, while students select a local site for their clinical training.³⁹ The CPE program enables students to serve at various training sites, including hospitals, hospices, psychiatric wards, prisons, correctional agencies, corporations, police and fire departments, businesses, and

³⁸ Jungjungan Simorangkir, Johanes Waldes Hasugian, Tefilla Diatessaron Tambunan, May Rauli Simamora, "Digital Pastoral Service: Using Technology in Urban Pastoral Ministry," *Pharos Journal of Theology* 106, no. 3 (2025): 1.

³⁹ Institute for Clinical Pastoral Training, *Student Handbook* (Clermont, FL: Institute for Clinical Pastoral Training, 2023), 7.

other clinical settings.⁴⁰

The ICPT Clinical Training Guide provides that clinical sites need only provide an opportunity for the student to satisfactorily complete the prescribed clinical training objectives and the overall learning objectives.⁴¹ Four CPE units are available, each with specific clinical goals. These broad CPE requirements enable “remote” students to complete CPE.

Puerto Rico has various private and government facilities that could be suitable sites for completing the ICPT Clinical Education Program. The goal is to identify and collaborate with those sites that will work with the CPE student. This process is the essence of the ministry problem.

Keith also suggested discussing why CPE is compelling in Puerto Rico. Several agencies provide lay chaplains.⁴² These chaplains usually lack specialized clinical or academic training. As mentioned, theology training alone is insufficient to qualify someone as a chaplain. Chaplaincy combines theology with the clinical sciences. Puerto Rico needs professionally trained chaplains with clinical skills in emotional and spiritual care.⁴³ This will serve to raise the level of spiritual care available in Puerto Rico.

Randall Keith's review was also crucial in identifying areas that contributed to a comprehensive understanding of the micro-project. This writer extends sincere gratitude to both scholars for their work.

⁴⁰ Institute for Clinical Pastoral Training, *Clinical Training Guide* (Clermont, FL: Institute for Clinical Pastoral Education, 2021), 3.

⁴¹ *Ibid.*, 4.

⁴² Billy Graham Rapid Response Team, “Become A Chaplain,” Billy Graham Rapid Response Team, last modified 2025, <https://rrt.billygraham.org/become-a-chaplain>.

⁴³ Julianne Bryant, Melanie Nyhof, Michael W. Hassler, Jennifer Abe, Anthony Vives De León, “Spiritual and Emotional Care Among Clergy as First Responders—Victims in Puerto Rico: A Longitudinal Qualitative Study,” *Journal of Religion and Health* 63 (2024): 4583.

Implementation

Book 1

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July 21, 2025

Prof. Dr. Halil Eksi
 Marmara University
 Department of Educational Sciences
 Complex, Maltepe Campus, Building A2, Office No: 240
 Istanbul, Turkey

Dear Professor Eksi,

I am attaching a copy of the book review for “*The Heart of a Chaplain: Exploring Essentials for Ministry*” by Browning and Spivey. This book addresses the history and current status of chaplaincy and emphasizes the character of the chaplain candidate and preparation for chaplaincy.

Please accept this book review for inclusion in your *Journal of Spiritual Psychology and Counseling*. Please send your notice of acceptance.

Respectfully,

Ronald K M Williams Garcia

Note: The *Journal of Spiritual Psychology and Counseling* requires the following formatting.

The text will use APA Formatting with 10pt Times New Roman, .98 margins, and 1.5-spaced

text. Paragraphs and headings should not be indented but aligned with the main text. The length of the reviews must be between 500 and 750 words. The title of the review must be different than the book's title. The review must include Bibliographic information about the reviewed text. The name and institutional data of the reviewer must be at the end of the review. A computer submits the book review to the *Journal of Spiritual Psychology and Counseling* page on DergiPark. Select "Submit a Manuscript." Language & Style: Write in English and format using APA 7th edition.

The Essentials of Chaplaincy

A Review of *The Heart of a Chaplain: Exploring Essentials for Ministry*, Jim Browning and Jim Spivey, editors, Birmingham, Alabama: Iron Stream Media, 2025, 433pp.

Chaplaincy, a rapidly expanding ministry in the United States, has grown considerably since the late 1990s. Seminaries now place greater emphasis on chaplaincy than on pastoral ministry, and the academy is actively developing a curriculum for chaplains in theological schools. As Wendy Cadge argues, this development should include Clinical Pastoral Education (CPE), the primary experiential training for chaplains.⁴⁴ Browning and Spivey present a well-reasoned and challenging exposition on Clinical Pastoral Education. They define CPE as part of the professional education for chaplains. The future of chaplaincy looks bright and promising, making it an exciting new direction in ministry.

Browning and Spivey present *The Heart of a Chaplain: Exploring Essentials for Ministry* to underscore the importance of recognizing the evolving nature as a noble and meaningful legacy. The book begins by defining what a chaplain is. Browning and Spivey state that a chaplain is a visible reminder of God. The chaplain's presence should reflect all that is holy in

⁴⁴ Cadge, et. al., "Training Healthcare Chaplains: Yesterday, Today and Tomorrow." 212.

God. Therefore, the book encourages chaplain candidates to consider whether their calling and character align with God's holiness. This self-examination is central to the book, prompting readers to reflect on their calling and how they will develop into it.

However, the call to ministry is the beginning. Browning and Spivey make it clear that the chaplain candidate must meet several educational and experiential requirements. Not the least of this education is Clinical Pastoral Education.

The world is witnessing a growing interest in ministry beyond the traditional church setting. Chaplains are gaining access to locations where pastors traditionally cannot go. One can find chaplains in hospitals, industries, recreational settings, and government agencies. Each of these areas has its own needs and requirements. Browning and Spivey examine these venues to help prepare candidates for ministry opportunities. However, the primary focus is on self-preparation for candidates to serve in the industries to which they feel called.

Chaplains' core qualities and personalities must remain consistent as the ministry develops. Chaplains are primarily servants of the Gospel, and this service must endure. However, chaplains are also clinicians and caregivers. This is what makes chaplaincy distinctive.

Browning and Spivey provide the most accurate account of the growth of chaplaincy. This history should challenge and remind candidates that they are entering a noble calling. There should be gratitude for this reminder of the past and for the direction it offers.

As an attorney, it was intriguing to observe how our nation has embraced the institution of chaplaincy. Our forefathers believed there was a need for God-called ministers to provide spiritual care for our people. Therefore, they drafted a Constitution that allowed chaplains to be present throughout society. Although legal challenges have arisen against this belief, the courts have not dismissed it; instead, they have clarified the role of chaplains within our communities.

Even the most closed institutions, such as prisons and the military, have upheld the presence of chaplains among us.

Browning and Spivey did not fully explore the legal development of chaplaincy in their text. This was a missed opportunity. Their analysis was limited to a few legal questions. Nonetheless, this area deserves further study. This question is particularly important given these modern times in which chaplains dwell.

The discussion about academic preparation for chaplains was vital. Chaplaincy requires more than just ministry. It is a profession, and those called to be chaplains must uphold professionalism. Browning and Spivey made this point. Agencies that award chaplain status at a low cost do a grave disservice to the calling. Browning and Spivey were right that professions like lawyers and doctors have a series of educational and experiential milestones they must achieve. Chaplaincy has the same. Notably, Clinical Pastoral Education is essential. These quick appointment schemes do not serve the role well and could cause issues for chaplaincy.

Browning and Spivey discuss the academic preparation for chaplains. This discussion includes a review of Clinical Pastoral Education. They write, “CPE is an important starting point for healthcare chaplaincy.”⁴⁵ One can argue that CPE is the beginning point for any type of chaplaincy. Browning and Spivey assert, “below the surface, CPE is a process of self-learning that can be painful, challenging, and wonderful. It is designed to push one to their limits and challenge one’s assumptions, ethics, theology, and being.”⁴⁶

Everyone called to be a chaplain should have this book. It will be enlightening and inspiring for those responding to the call. It offers a thorough analysis of the call. Furthermore, it

⁴⁵ Jim Browning and Jim Spivey, *The Heart of A Chaplain: Exploring Essentials for Ministry* (Birmingham, AL: Iron Stream Media, 2025), 172.

⁴⁶ Ibid., 46.

places the Godly ministry of chaplaincy in its proper posture and prompts those answering the call to conduct both internal and external assessments of their readiness. The only desired addition for future texts is more analysis of spiritual care. Spiritual care is truly the purpose of chaplaincy.

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References

Cadge, W., G. Fitchett, T. Haythorn, P. Palmer, S. Rambo, C. Clevenger, I. Stroud. (2019). "Training Healthcare Chaplains: Yesterday, Today, and Tomorrow." *The Journal of Pastoral Care & Counseling* (2019): 211–23.

Book 2

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July 21, 2025

The Rev. Dr. Rachel Toombs
Reviews in Depth and Essay Reviews
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Dear Reverend Toombs,

I am attaching a copy of the book review of *Clinical Pastoral Education: Nobody Said It Would Be Like This* by D. Edleman. This book offers a comprehensive overview of the Clinical Pastoral Education experience and examines students' challenges and emotions.

Please consider this book review for inclusion in your Anglican Theological Review.

Please send your notice of acceptance.

Respectfully,

Ronald K M Williams Garcia

Edleman, Dianne. *Clinical Pastoral Education: Nobody Said It Would Be Like This*. Raleigh, North Carolina: Self-Published, 2023.

As a veteran chaplain and educator, Edleman brings extensive experience and knowledge to her writing. Her book, *Clinical Pastoral Education: Nobody Said It Would Be Like This*, serves as a comprehensive guide to the unique and transformative aspects of Clinical Pastoral Education. Her book presents a CPE intern's perspective.

Clinical Pastoral Education (CPE) begins with an application and an interview. Past performance is not the sole focus of the interview. The interviewer aims to assess qualities that will help someone become a caring individual. The interviewer also evaluates whether the applicant can work effectively as part of a cohesive training group. Edleman thoughtfully explores the applicant's psyche as they apply for CPE and the experience of waiting to be called to join a CPE cohort.

Once accepted into CPE, the candidate joins a training cohort. This group works alongside the candidate, offering feedback and critiques on their service. The aim is peer education, in which the team becomes fully integrated into performance and processing. Through this team process, the intern can critique themselves and grow accordingly. Edleman's book provides an excellent overview of the inner development of the peer process and introduces what she calls IPR, or Interpersonal Relationship Seminars.

Caring for the injured and ill is not easy. This care becomes more complicated if one's family history includes a loved one who was seriously ill or died from an injury or illness. Another author calls this one's cowbells.⁴⁷ As one provides quality care for others, these emotional scars will become open and fully exposed. If not adequately prepared or properly processed, they can interfere with the caregiver's role.

These scars emerge within an institution with its own culture, language, and tools for fulfilling its mission. The candidate has limited time to understand this new environment. CPE does not follow a standard schedule. It is not just a class; it is an experience. The schedule may include 24-hour shifts, night shifts, and holiday and weekend duties. As Edleman states, CPE becomes a genuine part of the candidate's life. In addition to meeting patients (rounds), there will be lectures, supervision, and team meetings. The process is both intense and thorough.

Edleman then discusses what she calls *Presence*. Presence is the way one presents themselves to patients, their families, and the institution's staff. Edleman defines *presence* as a personal demeanor that helps people feel comfortable and safe enough to approach or welcome one in and possibly share their innermost feelings, thoughts, and sensitive experiences.⁴⁸ *Presence* comes from the soul and primarily requires compassion, expressed through active listening and empathy. Often, *presence* becomes a substitute when one has no words to say.

The goal of CPE is to provide spiritual care to patients. The CPE candidate will visit many patients. Edleman informs the reader that knowing how to behave during these visits and when to engage or remain silent is important. Silence is a powerful healing tool that can be

⁴⁷ J. Shep Jeffreys, *Helping Grieving People - When Tears Are Not Enough: A Handbook for Care Providers*, 2nd Edition (New York, NY: Routledge, 2011) 5

⁴⁸ Dianne Edleman, *Clinical Pastoral Education: Nobody Said It Would Be Like This* (Raleigh, NC: Self-Published, 2023), 27.

difficult to practice. It is also crucial to set aside any assumptions about these meetings. Edleman reminds us that each patient differs from others and sometimes even from themselves. Being ill or dying is a difficult time, and many will act outside themselves. The intern has to understand each patient with this consideration in mind.

Again, one of the biggest challenges is dealing with death and the dying. It is a serious time. If one has lost a family member or a loved one, it will be a defining moment. The candidate needs to be able to process their memories and emotions while remaining a capable caregiver for the patient. Edleman was open about discussing this reality within her life context.

Edleman underscores the importance of self-care in the CPE journey. The CPE experience can be physically and emotionally draining. Edleman's reminder that self-care is essential reassures readers that they will be supported and guided through the challenges.

One area where Edleman's text could improve is its discussion of Diversity, Equity, and Inclusion (DEI) issues. We all carry our attitudes even when we are unwell, and some feel comfortable discussing them then. The CPE candidate needs to understand these attitudes and not let them affect their performance. It is difficult to overlook prejudice and intolerance. However, the intern needs to overcome this. These DEI issues should be addressed during IPR meetings and supervision.

Edleman's book is not just informative; it is invaluable. She notes that CPE will change one, a point that is undeniably true. However, the changes are not often expected and often not understood. It is a time of growth, and that growth is often not understood. This is the goal of CPE.

With its comprehensive revelations, Edleman's book is essential for every seminarian or minister embarking on the CPE journey. The text ensures one is well-informed and equipped for

the transformation ahead. It will often be a difficult and uncomfortable experience.

A review by Reverend Ronald Williams Garcia of the book *Clinical Pastoral Education: Nobody Said It Would Be Like This* by Dianne Edleman. Garcia is a Doctoral Candidate at Liberty University in Lynchburg, VA, and has completed a unit of CPE at the now-Jefferson Abington Hospital in PA.

Bibliography

Edleman, Dianne. *Clinical Pastoral Education: Nobody Said It Would Be Like This*. Raleigh, NC: Self-Published, 2023.

This writer first met Browning in 2024 at a conference for chaplains. His presentation at the conference was excellent. His book was available there, but that edition predated the requirements of this portfolio. In March 2025, Browning and Spivey published the book's second edition. This book offers insight into chaplaincy and is joined with another such preparatory text entitled, *Chaplaincy: A Comprehensive Introduction*.⁴⁹

When this writer met Browning at the conference, we discovered that we had both served at the Air Force Mortuary Affairs Operations (AFMAO) at Dover AFB.⁵⁰ The AFMAO's mission and privilege are to fulfill the nation's sacred commitment to ensuring dignity, honor, and respect for the fallen and to providing care, service, and support for their families.⁵¹ Although we served at different times, we were both part of the chaplain team. Serving at the AFMAO forges strong, cross-generational bonds among team members. The AFMAO demands

⁴⁹ Mark A. Jumper, Steven E. Keith, and Michael W. Langston, *Chaplaincy: A Comprehensive Introduction* (Grand Rapids, MI: Baker Academic, 2024).

⁵⁰ The Air Force Mortuary Affairs Office is where the families come to reclaim the remains of military members and to serve these families in this solemn task. <https://www.mortuary.af.mil>.

⁵¹ Air Force Mortuary Affairs Office, "About Us-AFMAO," Air Force Mortuary Affairs Office, last modified 2025, <https://www.mortuary.af.mil/About-Us>.

the best from its chaplains.

The Browning text is an excellent resource for this project. As Browning notes, “Chaplaincy is a calling that requires a unique set of character qualities in the candidate.”⁵² These character qualities form a foundation for those pursuing Clinical Pastoral Education.

Clinical Pastoral Education is rooted in selfless service. The goal is to give all of oneself. CPE helps individuals discover their actual abilities. Then, through the *action reflection* model, CPE teaches chaplains to give to others.

Then the Edleman text enhances the reader's understanding of Clinical Pastoral Education. Edleman provides specific details on how the CPE experience will unfold. Her details create essential awareness for the candidate before they commit to the experience. Reading the Edleman text rekindled emotional memories in this writer.⁵³

The Edleman text is the only modern work that offers such awareness of Clinical Pastoral Education. This text was selected because it met the recency requirement for this project. However, it was a welcome surprise to see how well Edleman wrote this book. The text prepares the CPE intern for the experience. As Edleman notes, “CPE is an emotional experience that shapes one’s life.”

Edleman discussed the current format for Clinical Pastoral Education. It was interesting to see the changes made to CPE over the years. Now, CPE students enter information into a patient’s medical charts. This acknowledges CPE students as regular members of the treatment team and elevates spiritual care as an adjunct treatment modality. Additionally, the use of computer technology for charting patient records and recording treatment events has been

⁵² Jumper, et. al, *Chaplaincy: A Comprehensive Introduction*, 3.

⁵³ This writer completed one unit at the Jefferson Abington Memorial Hospital, PA.

improved, and CPE students are given access.

Another notable change Edelman discusses is the commitment to denominational doctrine. This writer recalls the turmoil that arose when asked to baptize a baby in the neonatal intensive care unit (NICU). This writer refused as it violated Baptist doctrine. The debate centered on whether denominational doctrine should guide spiritual care. Edelman argues that no one should abandon their denominational doctrine as long as they remain respectful. Moreover, the book *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook* notes that most clinical sites have policies to prevent such conflicts.⁵⁴ This relieves a great deal of stress for the CPE student.⁵⁵

These two books provide a thorough overview of entering chaplaincy. Browning and Edleman should be mandatory reading in any program training chaplains. The chaplain candidate will gain from these texts.

This writer discovered while attempting to write these book reviews that he was unprepared to do so. Furthermore, there were no sources readily available for writing academic book reviews. After an exhaustive search, this writer located a source that provided a rubric.⁵⁶

One skill that improved through this work was the ability to use library journal databases. The Atla Religion Database identified several suitable journals. The key to finding journals that accept book reviews was to craft an appropriate search term that included the phrase "book reviews."

⁵⁴ Stephen B. Roberts, ed, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Nashville, TN: Skylight Pathos Publishing, 2012), 260.

⁵⁵ Glen L. Jones, "Prayer and Ritual" in *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook*, Stephen B. Roberts, ed. (Nashville, TN: Skylight's Path, 2012), 106.

⁵⁶ Sarah S. Davis, *How to Write A Book Review: A Template for Writing Book Reviews and Discussion Guides* (Swarthmore, PA: Broke by Books Productions, 2020), 3.

All selected journals had specific formatting requirements for submissions. Some journals had designated editors for book reviews. It is advisable to contact these editors for more detailed requirements.

Analysis of the Micro-Project

This micro-project made important contributions to the overall literature review.

Browning and Spivey's *The Heart of a Chaplain: Exploring Essentials for Ministry* showed that chaplaincy is growing faster than pastoral ministry. In the past, pastoral ministry was the driver of ministry and missions outside the church. Now, chaplaincy is a distinct ministry outside the church.⁵⁷ This is a significant change. However, it is not a shift without some critical considerations.

Browning and Spivey challenged their readers to consider these issues. While the authors demonstrated the growth of chaplaincy, they also urged readers not to forget its origins. Chaplaincy has a significant history of ministry. Additionally, Browning and Spivey encouraged chaplain candidates to reflect on their calling to ministry and to assess their character for chaplaincy.

As with many rapidly expanding opportunities, some will try to profit from them. However, professional chaplains must avoid such impropriety. Instead, candidates should focus on becoming dedicated servants of God, which includes proper preparation in caregiving. As seminaries develop new curricula for chaplain training, they should not overlook one of the most essential components: Clinical Pastoral Education. CPE has proven to be the most effective preparation for chaplains in spiritual care.⁵⁸

The work of Browning and Spivey supports Edleman. In her book, *Clinical Pastoral Education. Nobody Said It Would Be Like This*, Edleman outlines the requirements and

⁵⁷ Christopher Swift, Mark Cobb, and Andrew “Todd,” *A Handbook of Chaplaincy Studies: Understanding Spiritual Care in Public Places* (London, UK: Routledge, 2016), 202.

⁵⁸ Angelika A. Zollfrank, Kelly M Trevino, Wendy Cadge, Michael J Balboni, Mary Martha Thiel, George Fitchett, Kathleen Gallivan, Tyler VanderWeele, and Tracy A Balboni, “Teaching Health Care Providers To Provide Spiritual Care: A Pilot Study,” *Journal of Palliative Medicine*, 18, no. 5 (2015): 408–14.

experience of Clinical Pastoral Education (CPE). She also discusses the chaplain's personal growth in CPE. Together, these two texts in this micro-project demonstrate the importance of CPE for the professional development of chaplains.

The first micro-project highlighted the extensive research in Clinical Pastoral Education. This micro-project discusses the need for CPE in chaplain preparation and how that preparation can occur through Clinical Pastoral Education. This combined research provides a solid foundation for future projects. In the next project, a series of interviews with practitioners and academics offering CPE will be conducted. The experienced voices of these scholars and practitioners are essential to this work.

This work aims to influence stakeholders' wisdom in Puerto Rico. With the wealth of research collected, this project has a strong foundation. Now, it seeks the practical knowledge of practitioners and scholars. All of this accumulated data aims to facilitate decision-makers' acceptance of CPE Programs in Puerto Rico.

The data collected shows that CPE holds great promise for the people of Puerto Rico. The cadre of professionally educated chaplains will be invaluable in this place, which has seen so much hardship.⁵⁹ If this project has any weaknesses, they would be the limited resources available to support the efficacy of CPE outside the hospital setting. More research is needed on CPE in non-traditional settings. Hopefully, additional research will become available as the Institute for Clinical Pastoral Training (ICPT) continues its hybrid approach to CPE. Browning, Spivey, and Edleman have paved the way for others to follow.

The ICPT has recently been accepted as a viable program for candidates seeking Board

⁵⁹ Alice N. Schruba, Edward B. Davis, Jamie D. Aten, David C. Wang, David N. Entwistle, and David Boan, "Psychological First Aid and the Role of Scientific Evidence in Christians' Provision of Disaster Spiritual and Emotional Care," *Journal of Psychology and Christianity, Suppl. Special Issue: Disaster, Religion, and Spirituality* 37, no. 1 (Spring, 2018): 74-79.

Certification.⁶⁰ This is an exciting development. The Institute for Clinical Pastoral Training recognizes the importance of CPE and encourages its provision in non-traditional settings. This will increase exposure to CPE and, as a result, help normalize it.

The support for this work is compelling. In Prov. 3:5-6 we read, Trust in the LORD with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths. The verse encourages people not to be limited to their own knowledge. Instead, it urges them to be receptive to new approaches. The growth and acceptance of Clinical Pastoral Education will require stakeholders to be receptive to new approaches.

This micro-project used the traditional literature review model.⁶¹ A traditional literature review is a critical summary and analysis of existing research on a specific topic. It identifies key themes, trends, and knowledge gaps to provide a broad understanding of a subject or to establish context and theoretical frameworks for a new study.⁶²

The two books reviewed here now serve as the endpoint for this literature review. The belief is that there is now sufficient literary research to engage in a different modality of personal engagement with practitioners. The ministry problem demands the practical. This project seeks to gain the support of stakeholders with limited awareness of the process. This requires trust and faith. The more one can build trust and convey faith, the more one can initiate the new. That is the essence of Prov. 3:5-6.

⁶⁰ ICPT, "ICPT Approved As A Provider of Clinical Pastoral Education by BCCI" Press Release. Last modified May 7, 2026, <https://www.facebook.com/rssavell/photos/bcci-approves-icpt-as-an-approved-provider-of-clinical-pastoral-education-toward/10243049863733477/>

⁶¹ Hannah Snyder, "Literature review as a research methodology: An overview and guidelines," *Journal of Business Research* 104, no.1 (2019): 334-339.

⁶² Robert Lloyd, Matthew Vollrath, Daniel Mertens, *How to Write a Literature Review: Purpose, Process & Practical Guidance* (Independently published, 2023), 18

CHAPTER 4: MICRO-PROJECT THREE

Justification

The third Micro-Project this student conducted to address the ministry problem was Panel Discussions. The problem is that ParacletePr Ministries in Bayamon, Puerto Rico, needs a strategy to provide accredited Clinical Pastoral Education (CPE) for its chaplains.

The chosen cognate is Chaplaincy. This ministry serves the people of God in their most frequent venue, typically outside the church. Chaplains serve in hospitals, nursing homes, hospices, and specialty care centers. They are also found in nontraditional settings, such as corporations, racetracks, casinos, and truck stops. Wherever people are in pain or need, chaplains will be found.

As a licensed mental health clinician, this candidate is trained and experienced in offering spiritual and emotional care. Chaplains are typically tasked with serving those facing emotional issues that require spiritual care.⁶³ Therefore, this candidate felt called to the ministry of chaplaincy. This writer formed a nonprofit called ParacletePr Ministries, which provides spiritual and mental health care.

This chaplain most frequently serves those impacted by trauma. Chaplains who can serve effectively as trauma clinicians are in great demand.⁶⁴ There is no shortage of trauma in the nation. Whether it be child abuse, domestic abuse, random violence, or workplace terror. Trauma

⁶³ David Todres, Catlin, E, and Thiel, M., "The intensivist in a spiritual care training program adapted for clinicians," *Critical Care Medicine* 33, no. 12 (2005): 2733.

⁶⁴ Karen A. McClintock, *Trauma-Informed Pastoral Care: How to Respond When Things Fall Apart* (Minneapolis, MN: Fortress Press, 2022). 25.

is far more prevalent than one is aware. There is a need for trained chaplains who can respond to the victims and often the perpetrators of this trauma.

As with most professionals, there is a process for qualifying as a professional chaplain. Clinical Pastoral Education combines theological education with specific training in spiritual care. CPE was developed by the clergyman Anton Boisen in the early twentieth century.⁶⁵

CPE is a two-year educational experience based on the *action reflection* model of education.⁶⁶ *Action reflection* is experiential education. In this model, one acts and then reflects on the meaning of one's actions. When conducted through group process, the student develops insight into themselves as a caregiver.

CPE is a prerequisite for board certification in chaplaincy. Two agencies provide board certification in the United States.⁶⁷ Each agency has specific prequalification requirements. Board certification is often the prerequisite for more preferential service as a chaplain.⁶⁸

The project chosen is Panel Discussions. Panel discussions are held to share diverse viewpoints and expertise, engage an audience, and provide valuable insights on a specific topic.⁶⁹ They allow for a broad discussion of a selected issue and enable dialogue with subject-matter experts.

⁶⁵ Sean J. Labat, *Anton Boisen: Madness, Mysticism, and the Origins of Clinical Pastoral Education* (Minneapolis, MN: Fortress Academic, 2021). 10.

⁶⁶ Naijian Zhang and Richard D. Parsons, *Field Experience: Transitioning from Student to Professional* (Thousand Oaks, CA: SAGE Publications, 2015). 10.

⁶⁷ These agencies are the Board of Chaplaincy Certification (APC) and the Association of Certified Christian Chaplains.

⁶⁸ Board of Chaplaincy Certification Inc., "The Benefits of Board Certification," Advocating for Professional Chaplaincy, last modified 2025, <https://www.apchaplain.org/wp-content/uploads/2022/05/Benefits-of-Board-Certification-for-Administrators.pdf>.

⁶⁹ Kristen Jane Arnold, *Powerful Panels: A Step-By-Step Guide to Moderating Lively and Informative Panel Discussions at Meetings, Conferences, and Conventions* (Scottsdale, AZ: Quality Process Consultants, Inc., 2013). 15.

Puerto Rico has one accredited Clinical Pastoral Education (CPE) program. However, there remains a need for additional programs, especially those for bilingual chaplains. Discussing this need with Clinical Pastoral educators and administrators will help formulate a strategy for appropriate Clinical Pastoral Education in Puerto Rico.

These panel discussions are the culmination of an information effort to improve knowledge of CPE in Puerto Rico. The strategy began in DMin 851, where the project involved article critiques. It was furthered by a review of two books on chaplaincy and Clinical Pastoral Education. This project now engages with seasoned Clinical Pastoral Education experts to address the problem. This accumulated knowledge will equip this writer to assess the available implementation strategies.

The panel of experts will include a representative from ACPE and ICPT. In addition, there will be a clinical educator from Liberty University chaplain center. Finally, there will be a representative from Puerto Rico. This will offer a good cross-section of perspectives.

ParacletePr Ministries is located in Puerto Rico. Chaplains at ParacletePr Ministries must complete Clinical Pastoral Education and work toward board certification. Establishing Clinical Pastoral Education programs and sites that can accommodate bilingual chaplains is critical to facilitating chaplaincy at this ministry.

Proverbs 4:7 states, “that wisdom is the principal thing; therefore, get wisdom, and with all of this, get understanding.” (Prov. 4:7) This project seeks the knowledge of practitioners and experts in Clinical Pastoral Education. The panel includes educators, administrators, and practitioners. Wisdom should emerge from a well-presented panel discussion. This writer must then transform the accumulated knowledge into understanding. The ultimate goal is to develop a strategy to solve the overall problem by acquiring wisdom and understanding.

Peer Review

This project was difficult. However, it was informative and rewarding for viewers. An instrumental part of any undertaking is the encouragement and input from peers and advisors. Such input often inspires and motivates one to move ahead despite difficulties. This project was not easy. However, it is complete, and there is satisfaction in what was accomplished. We thank those who encouraged completion of this project.

This project was critiqued by a peer who was also presenting panel discussions for their project. This peer was Ty McKinney. McKinney supports using panel discussions to explore strategies for the development of Clinical Pastoral Education in Puerto Rico. McKinney writes “that, as this writer proposes, gathering information from those with a history or familiarity with the need for accredited Clinical Pastoral Education can be very insightful.” In reaching this position, McKinney references a helpful article. In that article, the author writes “that PowerPoint presentations can be helpful to illustrate a process or the practices under discussion.”⁷⁰

As suggested by Ty McKinney, given the length and complexity of the panel presentations, this writer adopted the idea of creating a PowerPoint presentation to guide and structure them. This PowerPoint is available online. This writer also created a second PowerPoint presentation to offer specific guidelines to the panelists.

In addition, after consultation with Dr Beckwith, a virtual forum would be acceptable instead of live panel discussions. In these presentations, the Zoom platform was utilized. This offered a solid approach to gathering experts from diverse locations without absobetant costs.

⁷⁰ Kelly Shackleford, “Practical Tips for Effective Panels,” *Department of Justice Journal of Federal Law and Practice* 66 no. 3 (2018): 31.

In addition, McKinney notes the recognition of the shortcomings of the sole CPE program in Puerto Rico. This acknowledgment of a shortfall suggests that this writer's efforts are not only to repeat what is already available but also to recognize the program's positive contribution.

Later in the review, McKinney suggests using those who are already participating in the one available CPE program on the panel. Several prospective panelists were approached in Puerto Rico, but only one was willing to serve on the panel.

In an additional review of the project, McKinney writes “that, as a student who chose a panel discussion as the project for this term, they appreciate the frustration of securing commitments to the panel only to see withdrawals.” McKinney continues that they appreciate the efforts to secure the most knowledgeable in the field. Then McKinney asserts “that too often, not enough thought is given to this withdrawal as a blessing.”

There is no doubt that the panel ultimately assembled was a blessing from God. No one was better qualified than those who served on the panel. Those meant to be there were there. However, as one panelist later asserted, she was surprised to be the only participant from Puerto Rico. This is a weakness in the presentation's overall value. The assembled panelists had limited familiarity with what was occurring in Puerto Rico.

Despite the limited involvement of those in Puerto Rico, the island is undergoing significant change. Recently, several major corporations have been investing in Puerto Rico. These investments will no doubt bring people from the mainland to Puerto Rico. Amazon has recently completed a shipping warehouse in Puerto Rico. This warehouse is the first in Puerto Rico and will serve the entire Caribbean region. Amazon is among the top five technology

companies. It is expected that hundreds of jobs will be created in Puerto Rico as a result of this project.⁷¹

In addition, the United States Department of Defense has recently reopened Roosevelt Roads Naval Air Station in Puerto Rico, which is now home to thousands of military personnel.⁷² A significant change is occurring here in Puerto Rico, and the need for bilingual chaplains will increase.

McKinney also notes that the panel discussion conducted by that writer was intentionally held in a single three-hour session. This writer recognized that assigning three half-hour panels was not feasible. It was good to know that the one-session, two-hour panel was adopted by McKinney as well.

Lastly, McKinney writes “that it was encouraging to hear that, despite the setbacks, the task was completed.” The course faculty member expressed a similar sentiment in writing: “The micro-project process produces highs and lows along with challenges that force one to learn and re-evaluate. Your time this term has offered you a little of everything. But, most importantly, you're finding a way forward and effectively implementing your project.”

This project was a great learning experience. Moreover, this writer holds that the panel discussions offer several strategies that, given the recent changes in Puerto Rico, will prove effective.

⁷¹ Michelle Kantrow-Vázquez, “Amazon breaks ground on 100K sq. ft. delivery center in Dorado,” News is my business, August 2, 2024, <https://newsismybusiness.com/amazon-breaks-ground-on-100k-sq-ft-delivery-center-in-dorado>.

⁷² Charlie D'Agata, “U.S. reopens shuttered Puerto Rico naval base as Caribbean military buildup continues,” CBS Evening News, November 15, 2025, <https://www.cbsnews.com/news/u-s-reopens-shuttered-puerto-rico-naval-base-caribbean-military-buildup-continues>.

Implementation

Panel Presentation

This micro-project was the culmination of information gathering on Clinical Pastoral Education (CPE). This accumulation of information began with DMin 851, continued through 852, and now extends to 853. The present micro-project was panel discussions.

These panel discussions required some preliminary research. The first effort was to define the concept of a panel discussion. In her text *Powerful Panels*, Kristen Arnold writes, “a panel presentation is a live or virtual discussion about a specific topic, offering a selected group of panelists who share differing perspectives.”⁷³ The panel usually consists of 3-4 practitioners who share a common field of work.

In this panel, there was more than a modicum of difficulty recruiting the desired panelists. Several experts were approached, and they agreed to serve, only to withdraw a few days later. In addition, some experts did not respond to the invitation. Ultimately, none of the experts from Puerto Rico agreed to serve on the panel.

As one final panelist remarked, there is a practice of assisting graduate students in their research by collaborating with them.⁷⁴ It was disappointing that these professionals, in Puerto Rico, were so difficult. It almost frustrated this micro-project.

Despite this difficulty, it was possible to recruit a panel of four practitioners. It was a panel that represented practitioners, educators, and administrators. This panel was recruited to discuss strategies for offering CPE in Puerto Rico. They would do so within an accepted format.

⁷³ Kristen Arnold, *Powerful Panels: A Step-By-Step Guide to Moderating Lively and Informative Panel Discussions at Meetings, Conferences, and Conventions*, 14.

⁷⁴ Association of Professional Chaplains, “Standards of Practice for Professional Chaplains, No. 12,” Standards, last modified October 22, 2015, <https://www.apchaplain.org/wp-content/uploads/2022/05/Standards-of-Practice-for-Professional-Chaplains-102215.pdf>.

The format was designed to include three major topics: What is chaplaincy, What is Clinical Pastoral Education, and What Strategies Can Be Used to Bring Clinical Pastoral Education to Puerto Rico. Within each of these major topics was a predesigned set of seven questions. In addition to the seven questions, the panel was free to discuss any topics relevant to the discussion. This writer adopted the Initial Remarks format.⁷⁵ This format allowed greater time to be committed to the moderated discussion. Each of the main topics was allotted twenty-five minutes for discussion. Thirty minutes were allotted for audience questions.⁷⁶

Here is a sample of the questions we asked. Segment one presented questions focused on the following.

Why is chaplaincy the fastest-growing ministry?

What is the process of becoming a chaplain?

What is an endorsed chaplain?

Segment two included the following questions.

What is CPE?

What skills are developed in CPE?

What is the curriculum of CPE?

Segment three included the following questions.

What agencies provide CPE?

Is Hybrid CPE a possibility in Puerto Rico?

Where does one find hybrid CPE programs?

⁷⁵ Kristen Arnold, "27 Popular Panel Discussion Formats to Spark Your Creativity," *Powerful Panels*, last modified 2025, <https://www.powerfulpanels.com/panel-discussion-formats>.

⁷⁶ There were no questions from the audience, so the panelists had more time.

The moderator was responsible for the typical designated tasks.⁷⁷ The most important tasks were to present the questions and monitor the time. Other tasks included presenting a good topic closure and guiding the topic segments for separation. Penny Haslam writes “that a panel would end up all over the place without a moderator.”⁷⁸

The Zoom platform hosted this panel discussion. A recording is available on the YouTube channel at this link: [clinical-pastoral-education-in-paradise](https://www.youtube.com/watch?v=clinical-pastoral-education-in-paradise). Zoom offers a suite of tools that enables hundreds of millions of people to communicate and collaborate easily, affordably, and reliably, regardless of their location..⁷⁹

The COVID-19 pandemic has changed the way business meetings are held. One of these changes is the use of virtual videoconferencing for work meetings. The use of virtual video conferencing is likely to persist long after the pandemic ends.⁸⁰

Using a virtual platform allowed the project to forego many of the usual requirements for panel discussions. Zoom includes a recording function, so the audiovisual requirements were eliminated. There was also no need to find a venue for the presentation or to provide refreshments for the panelists and audience.

The importance of Clinical Pastoral Education was the focus of the previous micro-projects. This panel featured practitioners who could affirm what had been written previously. These panelists discussed the importance of CPE from a real-world perspective.

⁷⁷ Kristin Arnold, “Seven Essential Skills of an Effective Panel Moderator,” Powerful Panels, last modified 2025, <https://www.powerfulpanels.com/seven-essential-skills-of-an-effective-panelmoderator>.

⁷⁸ Penny Haslam, *Panel Discussions: The Ultimate Guide to Moderating and Appearing on Panel Discussions* (London, UK: Flying Squad Books, 2022). 28

⁷⁹ Phil Simon, *Zoom for Dummies* (Hoboken, NJ: Wiley, 2021), Kindle Edition

⁸⁰ Katherine A Karl, Peluchette JV, Aghakhani N., “Virtual Work Meetings During the COVID-19 Pandemic: The Good, Bad, and Ugly,” *Small Group Research* 53, no. 3 (2022): 343-365.

The panel discussed several important considerations and developments in CPE and chaplaincy and offered strategies. The most important strategy was the hybrid CPE education model.

CPE is an educational milestone for chaplains. CPE is usually completed in units. Each unit is 400 hours of education. The certifying agencies require 4 CPE units. The theoretical basis of CPE is *action-reflection* theory.⁸¹ It is an experiential process. In this theory, the process is that an event occurs, and the intern reflects on its meaning. Through group process, the intern gains self-awareness and empathy.

CPE was developed in the early 20th century. A leading proponent of CPE was Pastor Anton Boisen.⁸² Boisen would place theology students in supervised contact with hospital patients. He believed that direct contact between the student and the patient would develop the student's pastoral care skills.

CPE was thus based on and operated on four pillars,⁸³

Experiential learning

Supervised Ministry

Theological Reflection

Personal Growth

As CPE continued, various modalities of CPE emerged. However, the Boisen model is the modality used by the most current CPE providers.

⁸¹ Pamela D. Couture, "Ritualized Play Using Role Play to Teach Pastoral Care and Counseling," *Teaching Theology & Religion* 2, no. 2 (1999): 96–102.

⁸² Curtis W. Hart and M. Div, "Present at the Creation: The Clinical Pastoral Movement and the Origins of the Dialogue between Religion and Psychiatry," *Journal of Religion and Health* 49, No. 4 (2010): 536–46.

⁸³ Wesleyan Church, "Understanding Clinical Pastoral Education for Chaplains: A Comprehensive Guide to CPE's Purpose, Structure, and Impact," WesLife, last modified 2022, <https://www.wesleyan.org/understanding-clinical-pastoraleducation-for-chaplains>.

Currently, there are two models of CPE education. One is the traditional model, in which both didactic and experiential education occur at a single site. The other is the hybrid model, in which didactic education is offered virtually, and the clinical setting is local to the intern. These panel discussions opined that the hybrid model would be best for Puerto Rico.

The more one understands the CPE process, the more they will appreciate the need for a strategy to locate CPE programs in areas where they are not prevalent. There are appropriate strategies. These panel discussions explored strategies and developed new approaches to facilitate CPE growth in Puerto Rico.

These panel discussions will not be the final word on these topics. This panel was fortunate to have representatives from the two agencies that currently offer CPE. These agencies are the Association for Clinical Pastoral Education (ACPE) and the Institute for Clinical Pastoral Training (ICPT). Hopefully, these agencies will develop an interest in operating sites in Puerto Rico.

Puerto Rico is a neglected colony of the United States.⁸⁴ It has struggled in that role. However, Puerto Rico is coming into its own. These panels are necessary on several topics. This panel will catalyze broader discussions.

Currently, there are not many seminaries in Puerto Rico. However, there are Religion Departments at the universities in Puerto Rico. There are currently chaplains in Puerto Rico. The government of Puerto Rico has established a volunteer chaplain corps.⁸⁵ However, the number of

⁸⁴ Jose Trias Monge, *Puerto Rico: The Trials of the Oldest Colony in the World* (New Haven, CT: Yale University Press, 1999), 5

⁸⁵ Official Portal of the Puerto Rico Office of Legislative Services, 2024, “Government of Puerto Rico Volunteer Chaplain Corps,” Emergency Management and Disaster Administration (§§ 172 — 173f) Subchapter II.

lay chaplains far exceeds the number of professional chaplains. There is a need for more professional chaplains.

The panelists in the discussion believed the hybrid CPE model is best suited for Puerto Rico. However, this model poses challenges in Puerto Rico. The first challenge is a general lack of awareness of CPE. A public awareness campaign is needed to familiarize the island's residents with CPE.

Puerto Rico, while a long-standing territory of the United States, is a Latin American nation. The primary language of Puerto Rico is Spanish. This would require those seeking CPE to speak Spanish. There is also a difference between the cultures of the mainland United States and Puerto Rico. Finally, the United States has not treated Puerto Rico very well. This has caused distrust and unfavorable opinions of the United States.⁸⁶

However, there are efforts and signs that some of this may be changing. United States industry is investing in Puerto Rico, and the United States Government has reopened a central military installation on the island.⁸⁷ These events will bring thousands of people from the mainland to Puerto Rico.

In addition, Puerto Rico has passed Act 60, which provides generous tax treatment for long-term capital gains.⁸⁸ Finally, Puerto Rico has enacted a new law, Ley 102-2025, the Universal Recognition of Occupational and Professional Licenses in Puerto Rico Act, which will

⁸⁶ Nelson A Denis, *War Against All Puerto Ricans: Revolution and Terror in America's Colony* (New York, NY: Bold Type Books, 2016), 3.

⁸⁷ There are mixed feelings about the reopening of the Roosevelt Naval Air Station in Puerto Rico.

⁸⁸ Official Portal of the Puerto Rico Office of Legislative Services, 2019, Puerto Rico Incentives Code, Act No. 60 of July 1, 2019, as amended. <https://bvirtualogp.pr.gov/ogp/Bvirtual/leyesreferencia/PDF/2-ingles/60-2019.pdf>.

grant reciprocity for professional licenses issued by mainland states.⁸⁹

The salient issue is the need for CPE in Puerto Rico, a need that is expected to grow. Forward-thinking institutions should consider how these changes can enhance CPE's viability in Puerto Rico.

Excerpts From The Panel Discussion

These panel discussions were so rich in information that it was difficult to identify a few selected comments for reflection. The panelists did an excellent job. However, there are a few highlights worth noting.

Chaplain Pollet of Buena Vista Hospital (Mayagüez) defines chaplaincy as the ministry of presence. The ministry of presence is the act of being fully and authentically with another. It is often marked by silent support, active listening, and empathy.⁹⁰ Often, there is no deliberate effort to fix a problem.

To practice the ministry of presence, one need not have everything figured out. Mere presence is sufficient to respond to another's need.⁹¹ It may appear passive. However, the ministry of presence is profoundly powerful. The Holy Scripture provides, "Rejoice with those who rejoice, Weep with those who weep." (Romans 12:15).

What a powerful way to define chaplaincy. It is caring for another without needing a cure. Henri Nouwen emphasized that true healing comes from "being together where it hurts."

⁸⁹ Official Portal of the Puerto Rico Office of Legislative Services, 2025, "Universal Recognition of Occupational Licenses Act," <https://sutra.oslpr.org/prontuarios/leyes-aprobadas/152396>.

⁹⁰ Michael A. Milton, PhD, "The Ministry of Presence," April 27, 2025, <https://michaellamilton.substack.com/p/the-ministry-of-presence>

⁹¹ Christy Secor, "The Ministry of Presence." *Journal of Christian Nursing: A Quarterly Publication of Nurses Christian Fellowship* 40, no. 2 (2023): 76–76.

God came to share our pain, and healing takes place in the sharing... In spiritual life, there is no sharp distinction between joy and pain.⁹²

Defining chaplaincy as being willing to simply walk alongside someone in need beautifully captures the origin of the chaplain. This origin is the story of the Roman soldier St. Martin of Tours, who took off his cloak, cut it in half, gave one half to the beggar, and covered himself with the other.⁹³

Over the years, chaplaincy has evolved to encompass spiritual care, religious services, and counseling, yet the ministry of presence remains central to chaplaincy. While congregational work remains the preferred vocational goal for most seminarians and divinity school students, an increasing number look to serve in more specialized and secure institutional settings, including government, where they minister to a ready-made clientele. They call what they do "a ministry of presence."⁹⁴

Another important point in the discussion was the purpose of board certification. Dr. James Wright noted that board certification is an essential part of risk management for the employing agency. The process of board certification assures the public of the "professional chaplain" commitment and ability to provide quality service.⁹⁵ Certification is a measure of expertise and establishes the certified chaplain as a professional.⁹⁶ Certification is an in-depth assessment of competence and skills.

⁹² Ibid, 1

⁹³ National School Chaplain Association (NSCA), "The term "Chaplain," The historical roots of Chaplaincy, 2025, <https://www.nationalschoolchaplainassociation.org/the-history-of-chaplaincy>.

⁹⁴ Winnifred Fallers Sullivan. *A Ministry of Presence : Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago Press, 2014), 71.

⁹⁵ Kelsey B. White, Ryan M. Combs, and Hallie R. Decker. "Board Certification of Professional Chaplains: A Qualitative Study of Stakeholder Perspectives," *Journal of Health Care Chaplaincy* 28, no. 4, (2021). : 443–66.

⁹⁶ I.R Wierstra, Schuhmann, C., Liefbroer, A.I. *et al.* "Educating chaplains for a changing society: discourses of worldview in professionalism," *Journal of. Religious. Education* 73, (2025). 263–283

Clinical Pastoral Education (CPE) is a central part of chaplain preparatory education. CPE is directly responsible for the chaplain candidate's self-awareness and growth. The CPE experience is typically the focus of the certification committee. Moreover, most hiring managers value the certification process, particularly the CPE experience.

Board certification is a key to risk-avoidance practices for employing agencies. The “professional chaplain” is far more desirable in managing risk exposure.

Chaplain Cuenca also discussed the movement toward professionalism in chaplaincy. Cuenca cited the recent assignment of HCPCS codes for chaplain services. The Healthcare Common Procedure Coding System (HCPCS) is a set of codes used by the United States Centers for Medicare & Medicaid Services (CMS) for billing and reimbursement of hospital services.⁹⁷

Historically, chaplains or their employing agencies could not bill for chaplain services.⁹⁸ This was because there was no standard way to measure what chaplains do and how well they do it. Chaplains in the United States Veterans Administration sought to change this. The VA chaplains' efforts led to the assignment of codes to their work. The Healthcare Chaplaincy Network successfully sought to extend these codes to all hospital chaplains.

The adoption of these codes for hospital chaplains has elevated their professional standing to that of social workers and other allied healthcare professionals. These codes affirm the value of chaplains' spiritual, religious, and existential work. Chaplains are now integrated into and accepted by treatment teams at healthcare facilities. This is a major step toward professionalism for chaplains.

⁹⁷ Centers for Medicare & Medicaid Services, “Healthcare Common Procedure Coding System (HCPCS),” Medicare, last modified 2025, <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>.

⁹⁸ Spiritual Care Association, Approval of HCPCS Codes for Chaplains, last modified 2025, <https://www.spiritualcareassociation.org/approval-of-hcpcs-codes-for-chaplains>.

During the discussion, a question was raised about whether this writer was too old to pursue Clinical Pastoral Education. There were several responses. Chaplain Pellet responded, "One is never too old to find out who they are." Dr. Wright asserted, "that when one stops learning, they die." Both responses underscore the value of Clinical Pastoral Education.

A recent study was conducted to assess the value of Clinical Pastoral Education for individuals.⁹⁹ It was a mixed-method study. The study offered interesting conclusions. The study population was of great interest. The median age of the participants was 53. This was an older group of CPE students.

The CPE instructional method was a hybrid model. It was a 400-hour program consisting of 180 Didactic hours, 40 hours of group process, and 220 hours of supervised practice. This is the standard for hybrid programs. The Institute for Clinical Pastoral Training (ICPT) offers a 400-hour hybrid model consisting of 100 hours of Didactic Training and 300 hours of supervised clinical training.

The quantitative research method was a pre- and post-survey of the participant pool. The qualitative method consisted of two focus groups led by an ACPE-certified CPE educator. The focus group questions were 1. Learning and development in CPE, 2. How CPE impacted the capabilities and identities of chaplains, and 3. The utility of CPE for chaplain training.

All seven participants completed the pre- and post-surveys and attended the focus groups. The results were as follows.

1. The CPE experience developed greater self-confidence, greater professionalism, greater leadership, and greater ability towards teamwork.

⁹⁹ Csaba Szilagyi, Mark Newitt, Daniel Nuzum, and Kingston Rajiah, "Chaplain Development in Clinical Pastoral Education (CPE) in Healthcare Settings in England: A Mixed Methods Study," *PloS One* 19, no. 9 (2024) 1–30.

2. In terms of chaplain competence, the participants reported an increased ability to understand relational dynamics and an ability to collaborate effectively.

3. The participants grew as reflective participants with staff, patients, and patient families.

4. The participants grew in self-awareness and clinical awareness. They grew in their emotional intelligence and in their ability to work with diverse populations.

These results are consistent with other such studies. Given the small sample size, the results cannot be generalized. Also, because the results are based on self-reports, reliability is low. However, these results warrant further studies of this sort. These results are impressive enough to encourage enrolling in CPE.

Chaplain Cuenca made an interesting observation. In many helping professions, 80% of practitioners entered the field because they needed to be needed. This raises issues of self-integrity and boundaries.

Boundaries are important in spiritual care.¹⁰⁰ They explain and enable the professional relationship to exist. Boundaries set limits on the relationship and prevent the professional relationship from intruding on a friendship.¹⁰¹

When adequate boundaries are lacking, it becomes too easy to form a mutual dependency. When that mutual dependency forms, the relationship becomes dysfunctional. That “need to be needed” is a dysfunctional relationship. It is violative of both the clients' and the chaplains' professional standing.

¹⁰⁰ Bob Price, Cynthia Geppert, “Spiritual Care Ethics,” The Hastings Center Report, September 11, 2025, <https://onlinelibrary.wiley.com/doi/full/10.1002/hast.70010>

¹⁰¹ Divine Mercy University, “Boundaries and Identity: Reflections for Spiritual Direction Relationships,” November 30, 2021, <https://divinemercy.edu/boundaries-and-identity-reflections-for-spiritual-direction-relationships/>

Often, the “need to be needed” arises when the chaplain fails to satisfy their own needs and finds satisfaction in meeting the patient's needs.¹⁰² That is what is known as clinical codependency. Therefore, it remains important for the chaplain to take care of themselves.

This “need to be needed” is a classic acknowledgment of codependency. In such cases, the chaplain needs another chaplain to serve as a mentor or supervisor and provide guidance. The Code of Ethics that chaplains abide by requires commitment to the standards of the professional relationship. The Association of Pastoral Chaplains Code of Ethics, Ethical Principle 130.15, provides: “Members shall be accountable for maintaining the integrity of the pastoral relationship. They will not use their professional position with, or knowledge of, another for personal gain. They shall refrain from emotional, financial, sexual, or any other form of exploitation.” This underscores the importance of maintaining boundaries in professional relationships.¹⁰³

This is perhaps what Chaplain Cuenca expressed in his short quip about “needed to be needed.” This reminder about ethics in spiritual care is important. These panel discussions should have spent more time on this topic.

Finally, this panel discussed strategies for completing CPE. There are two prevailing models of CPE. One is the residential model, in which all learning occurs in a residential setting. The other is the hybrid model, in which didactic learning occurs virtually and clinical learning occurs locally.

¹⁰² SCBLAIR, “Problems in Caregiving Relationships: Neglect of the Other,” “The Chaplain's Report, June 23, 2015. <https://chaplainsreport.com/2015/06/23/problems-in-caregiving-relationships-neglect-of-the-other>.

¹⁰³ Association of Pastoral Chaplains, “APC Code of Professional Ethics,” 2000, <https://www.apchaplains.org/wp-content/uploads/2022/06/APC-Code-of-Ethics.pdf>

Chaplain Pollet at Buena Vista Hospital in Mayagüez felt that the hybrid model would be most appropriate for Puerto Rico at this time. Chaplain Cuenca of ICPT concurred with Chaplain Pollet. The question then becomes: how does one identify a local clinical setting? The panelists listed the following as appropriate centers: nursing homes, hospice centers, and other nonprofit centers. Dr. Wright is interested in pursuing a program at the Bayamon Medical Center.¹⁰⁴

This writer has additional research to complete on hospice and nursing homes. It would be great if Bayamon Medical Center developed an interest in CPE. With Dr. Wright as the Didactic educator, this would be a wonderful experience.

This project was a valuable learning experience. The interaction with the panelist provided valuable insight and encouragement. There is more to be done, but with each project, there is greater clarity. This project was greatly appreciated.

¹⁰⁴ This idea of the Bayamon Medical Center is interesting and will be pursued.

Analysis of the Micro-Project

This micro-project concluded the information-gathering sequence for DMIN 851, 852, and now 853. There are now strategies to explore. Circumstances in Puerto Rico are changing.

The panel discussions went quite well. The panel discussed several topics in depth and highlighted important issues currently affecting chaplaincy. In addition, the panel addressed all of the suggested questions and explored topics this writer had not considered. Overall, it was a fascinating experience, and being in the presence of such expertise was humbling.

CPE is evolving as chaplaincy is changing.¹⁰⁵ The panel asserted that chaplaincy is in its infancy. One such change concerns CPE. Medical students are now being encouraged to complete CPE-like experiences with hospital patients. The belief is that this will help medical students understand spiritual care. In addition, CPE interns are being fully integrated into treatment teams, including entries in patients' charts.

Spiritual care is now an accepted part of overall healthcare.¹⁰⁶ This reality of spiritual care has underscored the importance of Clinical Pastoral Education. CPE is no longer an experiment but an accepted training for chaplains. Seminarians will have to complete at least one CPE unit, and seminaries will have to include CPE in their curricula.¹⁰⁷ Clinical Pastoral

¹⁰⁵ Judith R. Ragsdale, "Clinical Pastoral Education Is Evolving with an Intact Soul," *Formation and Supervision at the Margins* 44 no. 44, (2024): 1.

¹⁰⁶ Mary R. O'Brien, Karen Kinloch, Karen E Groves, Barbara A Jack, Mary R O'Brien, Karen E Groves, and Barbara A. Jack. "Meeting Patients' Spiritual Needs during End-of-life Care: A Qualitative Study of Nurses' and Healthcare Professionals' Perceptions of Spiritual Care Training." *Journal of Clinical Nursing*. 28, no. 1–2 (2019): 182–89.

¹⁰⁷ Casey, Clevenger, Wendy Cadge, Irene Elizabeth Stroud, Patricia K. Palmer, Trace Haythorn, and George Fitchett, "Education for Professional Chaplaincy in the US: Mapping Current Practice in Clinical Pastoral Education (CPE)," *Journal of Health Care Chaplaincy* 27, no. 4 (2020): 222–37.

Education is now an important part of theological education.¹⁰⁸ This fact applies whether one desires to serve as a pastor or as a chaplain. The reality of *action-reflection* education is an important part of self-development.

The panel discussed the two major agencies responsible for certifying chaplains.¹⁰⁹ A third such agency was mentioned; however, it operates at a different level entirely. Board certification is important for professional chaplains. Certification acts as the professional licensing agency for chaplains, much like the national licensing agencies for therapists and professional counselors. Several chaplains believe this drive for professionalism in chaplaincy is a welcome movement.

A final move towards professionalism is the creation of a billing code (HCPCS Code) for chaplain services.¹¹⁰ This billing code elevates chaplaincy to the same standing as social workers and allied healthcare professionals. Completion of Clinical Pastoral Education is the qualification for entry into this professional world.

The panel believes the future of chaplaincy is bright. Clinical Pastoral Education is a precursor to this elevation of chaplaincy as a profession. This micro-project has identified several reasons for completing Clinical Pastoral Education.

If this micro-project has any weakness, it would be the lack of professionals from Puerto Rico. These experts could have provided a local perspective. However, Puerto Rico is changing. This absence may be of little consequence. The new Universal Licensing Law, Ley 102-2025, in

¹⁰⁸ Gregory J. Cheney, and Gregory J Cheney, "Integrating Pastoral and Clinical Identities: A Narrative Inquiry of Pastoral Counselors," *The Journal of Pastoral Care & Counseling* 72, no. 3 (2018): 172–79.

¹⁰⁹ These agencies are the Board of Chaplain Certification Inc. (APC) and the Association of Certified Christian Chaplains.

¹¹⁰ Association for Professional Chaplains, "What HCPCS Codes Mean for Chaplains," Advocacy, November 21, 2022, <https://www.apchaplains.org/what-new-hcpcs-codes-mean-for-chaplains>.

Puerto Rico, will make the island a far more desirable place to live. It is believed this will draw mainlanders in droves.¹¹¹ English will become more prevalent. Moreover, there will be a greater need for chaplains.

Nevertheless, it is important that future conversations be held with representatives from Puerto Rico. There remains a need to understand why there is a scarcity of CPE programs in Puerto Rico. There is a need to modify CPE to accommodate the customs and needs of the people of the island. Finally, there is a need to understand how chaplains can provide quality spiritual care to such a people with a long history of colonialism and deprivation.

These conversations with local residents of Puerto Rico are outside the scope of this project. Yet they are very important to future development. These will be intentional conversations reserved for the next steps of this project.

The scriptural support for this micro-project is found in Luke 10:2, where we read, “Therefore said he unto them, The harvest truly is plentiful, but the labourers are few: pray ye therefore the Lord of the harvest, that he would send forth labourers into his harvest.” (Luke 10:2). Clinical Pastoral Education is needed in Puerto Rico. The panel suggested adopting some strategies from the United States, primarily hybrid programs.

The sequence of the micro-projects merged well. With the strategies suggested by the panel, one can now begin to build CPE in Puerto Rico. The next step is to design a comprehensive plan for moving forward. The next micro-project will be such a comprehensive Ministry Development Plan.

¹¹¹ Miriam Figueroa, Adriana Perez-Rentas, Nikos Buxeda, “Puerto Rico law to streamline reciprocal license applications: Key takeaways for US professionals,” DLA Piper, 2025, <https://www.dlapiper.com/en/insights/publications/2025/09/puerto-rico-law-to-streamline-licenses>.

CHAPTER 5: MICRO-PROJECT 4

Justification

The fourth Micro-Project this student conducted to address the ministry problem was a Ministry Development Plan. The problem is that ParacletePr Ministries in Bayamon, Puerto Rico, needs a strategy to provide accredited Clinical Pastoral Education (CPE) for its chaplains.

The chosen cognate is Chaplaincy. This cognate was selected because of the call to serve all of the children of God wherever they are found. This calling transcends the walls of the local church. This candidate believes this is how God intends to use him. The particular call is to those experiencing trauma and to those in the terminal days of life.

Chaplaincy is said to have begun with the ministry of Martin of Tours.¹¹² The narrative holds that chaplaincy began with an act of charity. While serving as a Roman soldier in Gaul, Martin encountered a shivering beggar at the gates of Amiens during a harsh winter. With no money, Martin cut his military cloak (Latin: cappa or capella) in half and gave one half to the beggar. As a licensed Mental Health Clinician and certified Thanatologist, this candidate is committed to providing spiritual and emotional care. Chaplains are typically tasked with providing spiritual and emotional care to those facing emotional burdens.¹¹³ Chaplains must also be able to work with clients and their families caught in the grip of grief.¹¹⁴

The chosen project is a Ministry Development Plan. There is a significant need for

¹¹² Josiah Vale, *ST. MARTIN OF TOURS: The Soldier Who Became a Saint* (Independently Published, 2025). 1

¹¹³ Stephen B. Roberts, ed., *Professional Spiritual & Emotional Care: A Practical Clergy and Chaplain's Handbook*, (Nashville: Skylight Paths® Publishing, 2012), 124.

¹¹⁴ Karen Murphy, "Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19," *Health and Social Care Chaplaincy*. 8, no. 2 (2020): 242

accredited centers offering Clinical Pastoral Education in Puerto Rico. However, stakeholders in Puerto Rico have limited familiarity with CPE. The intent is to create a ministry that brings these stakeholders together and introduces them to Clinical Pastoral Education. Introducing these stakeholders to Clinical Pastoral Educators and administrators will help formulate a strategy for appropriate clinical pastoral education in Puerto Rico.

This Ministry Development Plan aims to bring professional spiritual care to Puerto Rico. Clinical Pastoral Education is an experiential learning program that prepares one for professional spiritual care. This Ministry Development Plan builds on the work completed in DMIN 851, which involved article critiques. DMIN 852 furthered this work by reviewing two books focused on Clinical Pastoral Education. Finally, in DMIN 853, panel discussions were held with CPE educators from both the United States and Puerto Rico. This Ministry Development Plan includes a direct appeal to seasoned clinical pastoral experts and stakeholders in Puerto Rico. Clinical Pastoral Education is a core experiential program that prepares one for board certification in chaplaincy.¹¹⁵

ParacletePr Ministries is located in Puerto Rico. As noted, there are few CPE programs in Puerto Rico. This is especially true for non-bilingual chaplains. Therefore, completing Clinical Pastoral Education and achieving board certification is difficult. There is a need for bilingual clinical programs and clinical sites in Puerto Rico. Several chaplains at ParacletePr Ministries need to complete Clinical Pastoral Education and work toward board certification.

Proverbs 20:18 states, “Every purpose is established by counsel: and with good advice make war” (Prov. 20:18). This project seeks the knowledge of practitioners and experts in

¹¹⁵ Board of Chaplaincy Certification Inc., “Becoming Certified,” last modified 2025, <https://www.apchaplains.org/bcci-site/becoming-certified>.

Clinical Pastoral Education. In addition, these professionals must draw on the attention and wisdom of the stakeholders here in Puerto Rico. This will require a sound plan. Once that plan is in place, the work to establish CPE in Puerto Rico can begin. The aim of this micro-project is to gain the wisdom and understanding needed to develop a strategy to address the overall ministry problem.

This Ministry Development Plan establishes a clear mission and vision. It outlines goals and identifies actionable steps. It also sets an appropriate budget for the crucial planning meeting. This meeting brings together certified clinical pastoral educators and key stakeholders. Moreover, this plan identifies the scriptural and theological principles that guide this work. Finally, this plan completes a SWOT analysis and outlines goals and timelines.

The Ministry Development Plan will serve all of the people of Puerto Rico. In addition, it will enable bilingual chaplains to begin their ministry as interns in a training program. This will elevate the level of healthcare in Puerto Rico.

The Ministry Development Plan incorporates concepts and strategies necessary for strategic thinking to address the ministry problem. It includes initial thoughts on staffing and budgeting, as well as a comprehensive look at the demographics of the Puerto Rican population. These are critical factors. One needs to understand the population they are seeking to serve. Researching factors such as age, education, religious beliefs, and immigration of these people is critical when considering how best to serve them.

This Ministry Development Plan seeks to continue the ministry of St Martin of Tours. It aims to create a center where future chaplains can be professionally and developmentally prepared to provide care to all in need. The Plan will equip chaplains to serve those in greatest need with compassion and empathy.

Peer Review

One of the most valuable aspects of this work is the peer review. Although this Ministry Development Plan is straightforward, it still requires others' acceptance. In this case, two astute communities need to be recruited for this project. The first community is the certified CPE educator community. This community should understand what this plan seeks to achieve. They understand CPE and are aware of the requirements for starting a new program.

This community is unfamiliar with the project's setting. Puerto Rico has a distinct culture. The Puerto Rican people are proud. They have endured colonial status for over five hundred years.¹¹⁶ They have been owned by the United States since 1898. This has not always been a very positive status. The United States has been a harsh and indifferent colonial owner.¹¹⁷ As a result, the Puerto Rican people have had to endure many indignities. This has fostered a very strong sense of nationalism on the island. The people of Puerto Rico are very reluctant to adopt new programs, especially those from the United States. The CPE educators would need to understand and adjust to this culture in Puerto Rico.

The other community is the people of Puerto Rico. As mentioned, the people of Puerto Rico are strongly anti-colonial.¹¹⁸ They are not receptive to new programs, especially those from the United States. Moreover, the people are very proud of their language. This project will fail if language remains a barrier.

One of the first acts of the United States in 1898 was to outlaw the use of Spanish in

¹¹⁶ Jorell A. Meléndez-Badillo, *Puerto Rico: A National History* (Princeton, NJ: Princeton University Press, 2024) 1.

¹¹⁷ C. Marazzi & Vollhardt, J. R. "When you live in a colony... every act counts: Exploring engagement in and perceptions of diverse anti-colonial resistance strategies in Puerto Rico," *The British Journal of Social Psychology* 64 no. 2 (2025): 1.

¹¹⁸ Ibid, 5

Puerto Rico.¹¹⁹ English remains a required subject in elementary and secondary schools.

However, over 94% of the island's population speaks Spanish as a first language.

People use the ability to speak Spanish as a badge of their nationalism. The laws in Puerto Rico have made this the case. In 1948, the US-appointed Governor of Puerto Rico signed Law 53 of 1948, which made it a crime to own the Puerto Rican flag or to speak publicly about Puerto Rican independence. In 1937, the US-sponsored Police Department murdered more than 17 innocent people in the Puerto Rican city of Ponce for participating in a march advocating independence for Puerto Rico.¹²⁰ Against this history, this project seeks to succeed.¹²¹

Classmate Adetayo Tychus writes “that the absence of accredited Clinical Pastoral Education (CPE) in Puerto Rico is not merely an educational issue but a systemic challenge that affects the credibility, effectiveness, and integration of chaplaincy within institutional settings.” This is correct. This project seeks to confront this systemic challenge. If the value of professional chaplaincy is demonstrated, receptivity will grow. The presence of a viable CPE program in an institution within Puerto Rico is an opportunity to demonstrate the viability of professional chaplaincy.

Reverend Tychus continues to emphasize that engagement and inclusion are critical. This is also correct. Given the status of Lay Chaplains in Puerto Rico, it is imperative that this project be viewed not as a replacement but as a supplement to the existing chaplains. It must be seen as an addition, not an elimination, of an already existing cadre of servants of God.

¹¹⁹ Ibid, 2.

¹²⁰ Alex Alicea, *Blood on Palm Sunday: The Untold Story of the Ponce Massacre and Puerto Rico's Fight for Freedom (History of Puerto Rico)* (London, UK: Independently Published, 2024), 52

¹²¹ This is the city where my mother was born. She was ten years old at that time.

Reverend Tychus also suggests “that recruiting Spanish-speaking supervisors and contextualizing the programs to fit the local culture are important.” This project fully supports these suggestions. It is a blessing that the ACPE maintains a Community of Practice for Latino CPE educators. Several educators of Puerto Rican heritage have been identified and contacted through this Community of Practice.

Classmate Brian Beverly suggests “that this project identify an accrediting body to which it seeks to affiliate.” This suggestion has been considered. The planning meeting, a critical first step, will include representatives from the ACPE and the ICPT. These representatives will present their organizations, and the attending stakeholders will determine which body is most appropriate for Puerto Rico.

Finally, Reverend Beverly suggests “that a networking process would build credibility.” Admittedly, networking is a difficult endeavor for this writer. However, Beverly's point is well taken. Plans are in place to meet with the administration of the teaching hospitals in Puerto Rico. These hospitals have been identified as the institutions most likely to support this project.

These suggestions from the peers are very well taken. It is good to see that action has been taken on most of these suggestions. The idea that like minds prevail here is evident. The support indicates that this project is on the proper track.

Reviews from peers and faculty have kept this project on target. They have been instrumental in the development of this project. Dr. Wilhite writes, “You have developed a very strong chapter for your portfolio. The plan itself is very well thought out and communicated. The introductory sections are solid, accomplishing what they need to. I do believe that this final project has brought the rest of your work together very well. These sorts of comments have been quite encouraging.

Implementation

Part 1: Creating a Vision for the Plan

Understanding the Need for a Ministry Development Plan

The ministry development plan compiles all previous work done to address the ministry problem. The overall goal is to bring Clinical Pastoral Education to Puerto Rico. It provides a framework for performing the work required to achieve this stated goal.¹²²

Research shows that Clinical Pastoral Education is a vital part of a professional chaplain's education.¹²³ Moreover, Clinical Pastoral Education is a prerequisite for board certification as a chaplain.¹²⁴ There is a vital need for professional chaplains in Puerto Rico. Chaplains are the primary agents for providing spiritual care.¹²⁵

There are several lay chaplains on the island. However, the training provided to a lay chaplain is insufficient to provide professional spiritual care. A Ministry Development Plan provides the structure for creating a vehicle to deliver professional spiritual care in Puerto Rico. The Ministry Development Plan will also enable the establishment of formal connections with certified clinical pastoral educators and stakeholders in Puerto Rico. The CPE model is established on the mainland. A similar structure is needed here in Puerto Rico. In addition to certified educators, clinical sites are needed where students can gain experience. The Ministry

¹²² Marty Cauley, *Ministry Action Plan: Your MAP Out of the Wilderness of Ministry* (North Carolina: NC Conference of The United Methodist Church, 2014), 11.

¹²³ Wendy Cadge, Stroud, I. E., Palmer, P. K., Fitchett, G., Trace, H., & Clevenger, C. "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology* 69, no. 3 (2020): 187.

¹²⁴ George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordan, and Paul E. Derrickson. "Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?," *Journal of Health Care Chaplaincy* 21, no 4 (2015): 151.

¹²⁵ Barbara Pesut, Sheryl Reimer-Kirkham, Richard Sawatzky, Gloria Woodland, and Perry Peverall, "Hospitable Hospitals in a Diverse Society: From Chaplains to Spiritual Care Providers," *Journal of Religion and Health* 51, no. 3 (2012): 828.

Development Plan is useful for identifying clinical sites and educating stakeholders about CPE requirements.

Understanding the Need for This Specific Ministry

The specific ministry under focus in this plan is Clinical Pastoral Education (CPE). CPE is an educational experience for professional chaplains. Moreover, it is a criterion for board certification as a chaplain.¹²⁶ It has been practiced since the 1920s.

CPE is recognized as an adjunctive educational experience that complements basic theological training with clinical education.¹²⁷ Reverend Anton Boisen developed it. It was based on the *action-reflection* model, which places action first, followed by a thorough review by a supervisor and peers.¹²⁸ The goal of the *action reflection* model is to permit a deep self-reflection and self-awareness on the part of the intern.¹²⁹ The United States Department of Education accredits CPE.

ParacletePr Ministries is a nonprofit public charity that provides mental health services to its clients. It is led by a licensed mental health therapist. It began by focusing on trauma and disaster relief services and is now expanding to include Pastoral Thanatology. It needs chaplains who can provide professional spiritual care to its clients. ParacletePr Ministries is largely an English-speaking entity in the commonwealth of Puerto Rico. As the English-speaking population in Puerto Rico continues to grow, there will be a greater need for professional

¹²⁶ Pesut et al., “Hospitable Hospitals in a Diverse Society: From Chaplains to Spiritual Care Providers,” 828.

¹²⁷ Simon, Lasair, “What’s the Point of Clinical Pastoral Education and Pastoral Counseling Education? Political, Developmental, and Professional Considerations,” *The Journal of Pastoral Care & Counseling* 74, no. 1 (March 2020): 23.

¹²⁸ Csaba Szilagyi, Mark Newitt, Daniel Nuzum, and Kingston Rajiah, “Chaplain Development in Clinical Pastoral Education (CPE) in Healthcare Settings in England: A Mixed Methods Study,” *PloS One* 19, no. 9 (2024):2.

¹²⁹ *Ibid.*, 2.

chaplains.

Plan for Communicating the Vision for the Ministry

Communicating the vision of Clinical Pastoral Education in Puerto Rico is a complex effort. One idea is to host a community meeting that brings together CPE-certified educators and stakeholders in Puerto Rico. Stakeholders would include representatives of hospices, hospitals, and community service organizations. This event would appeal to shared values of caring, compassion, and empathy.¹³⁰

The meeting forum would facilitate a mutual discussion of ideals, goals, needs, and *best approaches* from all in attendance. This would foster an attitude of mutuality and cooperation. Perhaps the greatest challenge to this forum is language. However, there are Spanish-speaking certified CPE educators within the ACPE Latin Community of Practice.¹³¹ These challenges are mitigated by the opportunity for joint dialogue that fosters shared vision, appreciation, and concerns among all.

Invitation for Participating in the Ministry Launch

There is a core of lay chaplains in Puerto Rico who are interested in professional chaplaincy. Some students at the three main universities in Puerto Rico aspire to become professional chaplains. Recruitment would focus on these individuals. Once a program is established in an appropriate setting, that setting will assume responsibility for sustaining it. Additional efforts would also be needed to extend the program throughout the island.

¹³⁰ Colleen Ferris, Nicole Robinson, Jennifer Major, Katie Gasparelli, Megan Taylor, Shannon Dunfield, "Integrated Team's Workshop: The Value of Togetherness, Building capabilities to enable excellence in healthcare," *International Journal of Integrated Care* 25, no 52 (2025): 1

¹³¹ ACPE, "Communities of Practice," ACPE Website, last modified 2020, <https://acpe.edu/membership/communities-of-practice>.

Part 2: Purpose of the Plan

Positioning the Ministry

The purpose of this plan is to strategically create opportunities for Clinical Pastoral Education through ParacletePr Ministries. This is best accomplished by developing a plan that enables stakeholders in Puerto Rico to meet with certified CPE educators. This plan establishes a process and a ministry model to bring the vision of bringing these communities together to fruition. Such a meeting could be held at a forum that would allow for dialogue and exploration. Strategically creating this model will help increase the number of Clinical Pastoral Education programs in Puerto Rico. The ultimate result is that professional chaplains can provide spiritual care to the island's people.¹³² With increased professional spiritual care, the level of healthcare in Puerto Rico will be raised.¹³³ Hence, spiritual care has a vital role in providing contemporary healthcare on the island. Moreover, this spiritual care can be utilized in other settings. The presence of Clinical Pastoral Education programs will improve the overall quality of life for the people of Puerto Rico. Additionally, it will support the credentialing of the chaplains at ParacletePr Ministries.

Understanding Objections to the Ministry

The initial expected objection would come from the lay chaplains on the island. Most chaplains in Puerto Rico are lay. These lay chaplains will likely be very protective of their role. Additionally, they will have a precedent, as the Puerto Rican government has minimal

¹³² Shane Sinclair, and Harvey M Chochinov, "The Role of Chaplains within Oncology Interdisciplinary Teams." *Current Opinion in Supportive and Palliative Care* 6, no. 2 (2012): 259.

¹³³ Martyn Skinner, Simon Mason, and Neil Cockling, "How Do Healthcare Chaplaincy Spiritual Care Interventions Support Adults' Mental Health by Integrating Health and Social Care? A Review of Primary Research Studies Published in English 2010–2019," *Health and Social Care Chaplaincy* 10, no. 1 (2022): 30.

educational requirements for its chaplains, and these chaplains do not qualify as professional chaplains. As with any new educational curriculum, change is often met with resistance. The stakeholders in Puerto Rico need to be informed about professional chaplains and Clinical Pastoral Education. Puerto Rico has five seminaries and three universities with Religion Departments. Out of these, at least three institutions have attempted to establish a Clinical Pastoral Program. Additionally, two hospitals in Puerto Rico have tried to develop Clinical Pastoral Education programs. Currently, there are no such programs in Puerto Rico. It is crucial to understand why previous efforts have not succeeded.

Another concern is the cost of these programs. In the United States, there are two main clinical education agencies. One is the Association for Clinical Pastoral Education (ACPE), and the other is the Institute for Clinical Pastoral Training (ICPT). The ICPT offers hybrid CPE, in which interns work at a clinical site and receive remote supervision. Currently, the cost of ICPT CPE is \$1,435 per unit.¹³⁴

The ACPE offers both traditional and hybrid CPE options. Traditional CPE tuition is much lower than ICPT because supervision occurs at the clinical site. On average, ACPE programs cost about \$800. One program places a significant financial burden on the intern, whereas the other is less expensive because interns serve as unpaid employees of the sponsoring agency.

Samples of Similar Ministries Elsewhere

Research from prior CPE projects provides a foundation for the ministry's work on this project. The Bayhealth Hospital Chaplain Office in Dover, Delaware, a separate entity within a

¹³⁴ Institute for Clinical Pastoral Training, "Tuition and Fees," Admission and Enrollments, 2019, <https://icpt.edu/enroll.html>.

local hospital, explored establishing a CPE program and coordinated with its parent hospital and a CPE-certified educator. They now operate a traditional CPE program, which they started in 2016.¹³⁵ This writer served as a chaplain at Bayhealth Hospital during the program's early years. The program has since expanded to two hospital campuses.

The Howard University School of Divinity hired a CPE-certified educator under contract for its program. The school uses a hybrid CPE training model. The school contracted with the certified educator to provide didactic instruction while the interns work at a remote local clinical site. The program was established in 2022.¹³⁶

The International Ministerial Fellowship (IMF) is an association of evangelical Christian churches, ministers, and lay workers. The IMF formed a strategic partnership with Clinical Pastoral Education International to provide its members with access to the school's CPE Program.¹³⁷ This program began in 2025. This writer was part of the initial cohort while this CPE Program was under development.

These examples demonstrate the approaches this plan aims to pursue. The plan intends to establish a partnership between the ministry and a certified CPE educator. It does not matter whether it involves a traditional program or a hybrid model

Part 3: Working Outline for the Plan

Assessing the Situation

Ministry Summary

¹³⁵ Bayhealth, "Clinical Pastoral Education," Healthcare Professionals, 2026, <https://www.bayhealth.org/healthcare-professionals/clinical-pastoral-education>

¹³⁶ Howard University School of Divinity, "Clinical Pastoral Education," School of Divinity, 2026, <https://divinity.howard.edu/clinical-pastoral-education-cpe>.

¹³⁷ International Ministerial Fellowship, "CPE Center", IMF, 2026, <https://www.imfserves.org/cpecenter>.

ParacletePr Ministries Inc. is a public charity as defined by I.R.C. § 509(a)(2).¹³⁸ It was founded in Delaware as a Marriage and Family Therapy practice; the ministry relocated to Puerto Rico in 2021. Puerto Rico has no licensure for Marriage and Family Therapists. Therefore, the ministry became more focused on spiritual care. The ministry primarily provides spiritual care for trauma-related issues and disaster relief. Recently, the ministry has been moving toward a practice of Thanatology.

The ministry consists of chaplains. All the chaplains hold graduate degrees in theology. The goal is to increase the number of board-certified chaplains.

Leadership Summary

The ministry is led by an administrative director who oversees all administrative functions. Two assistants support the director. Plans are also underway for an operational director who works directly with the chaplains. This structure enables close interaction with the ministry's practitioners.

Defining the Problem

The problem is that ParacletePr Ministries, based in Bayamon, Puerto Rico, needs a strategy to provide accredited Clinical Pastoral Education (CPE) for its chaplains. This is a complex challenge because it involves individuals outside the ministry. The task is to identify the appropriate key stakeholders in Puerto Rico and select a board-certified Clinical Pastoral Education supervisor.¹³⁹

These parties need to come together for dialogue and exploration. The ultimate goal is to

¹³⁸ Richard J. Locastro, "Public Support Tests: How a Public Charity is Defined Under Sec. 509(a)(2)," Non-Profit Accounting Basics, September 1, 2022, <https://www.nonprofitaccountingbasics.org/federal-tax-issues/public-support-tests-how-public-charity-defined-under-sec-509a2>.

¹³⁹ The certified educator should be bilingual.

build a partnership among them to establish a CPE program in Puerto Rico. Different agencies have attempted to establish CPE in Puerto Rico before. Currently, there is no CPE program in Puerto Rico. Beyond establishing the program, it must be accredited by the appropriate certification body. Once established, interns will be required to begin their CPE experience at this entity. Therefore, careful planning and execution are essential.

Proposed Solution to the Problem

The proposed solution raises some concerns. First, ParacletePr Ministries must identify the appropriate parties to begin discussions about CPE formation. These parties will meet at a planning and design conference. A key consideration is selecting the most suitable model—hybrid or traditional. Once the program design is finalized, the CPE program must be structured in accordance with the selected model. The CPE program will need to serve both English- and Spanish-speaking interns.

Finally, the CPE program must meet the requirements for board certification. This includes selecting the most appropriate board. There are two options: the Board Chaplaincy Certification Inc. of the Association of Professional Chaplains or the Association of Certified Christian Chaplains.

Analyzing the Details for the Plan

Demographic Data

Demographic information about Puerto Rico is vital to understand. A few datasets are presented to provide an overall understanding of the island.¹⁴⁰ An additional dataset is presented

¹⁴⁰ The United States Census Bureau, “Puerto Rico,” The States, last modified March 19, 2026, https://data.census.gov/profile/Puerto_Rico?g=040XX00US72

to understand the religious environment of Puerto Rico. A final dataset will examine the most recent data on CPE enrollment by religious denomination.

Total population (2025 est.): ~3.2 million

Trend: Gradual decline since 2004 (migration to mainland U.S. + low birth rates)

Median age: ~44 years (one of the oldest populations in the Caribbean)

Language - 95% of the residents consider Spanish their First language

English – 50% of the island has a conversational ability in English

Table 1 Racial Profile of Puerto Rico

- Ethnicity (Percentage of Population) As self-reported
- Note: Puerto Rico is a Latin Country. All natural-born are Latino.

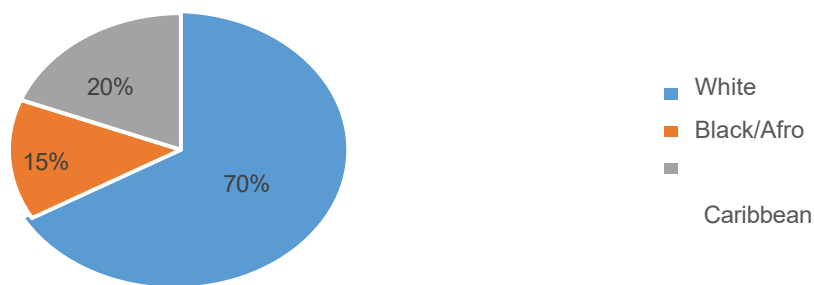
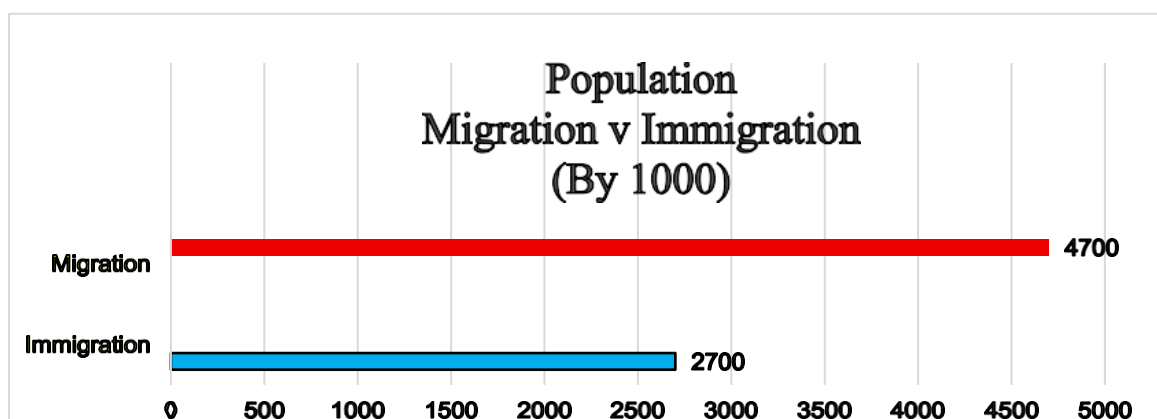
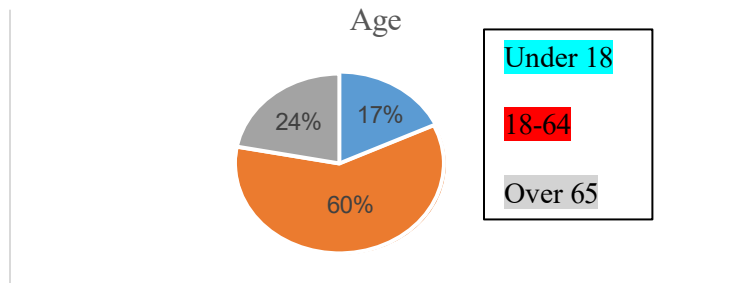


Table 2 Migration Patterns in Puerto Rico



Note: Puerto Rico has a problem with most young people leaving the island.

Table 3 Age Distribution in Puerto Rico

Note: Puerto Ricans are an aging population

- When coupled with high migration, this aging population presents problems for Puerto Rico.
- Income & Poverty
- Median household income: ~\$24,000–\$26,000
- Poverty rate: ~40–45%
- The majority of the Puerto Rico population is urban

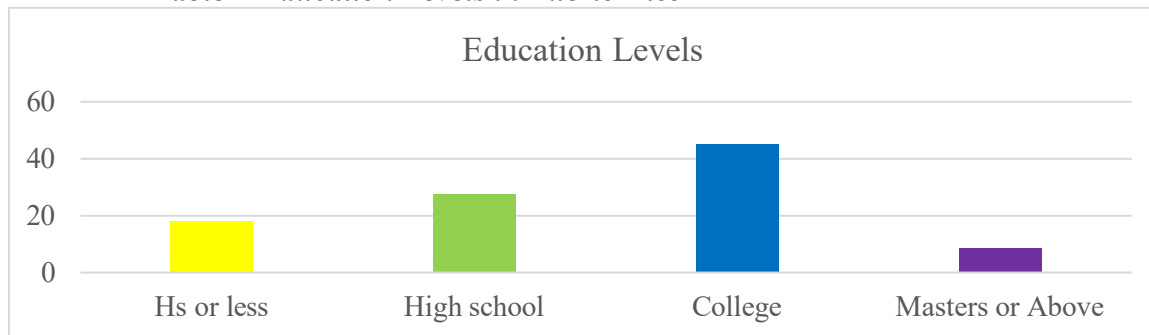
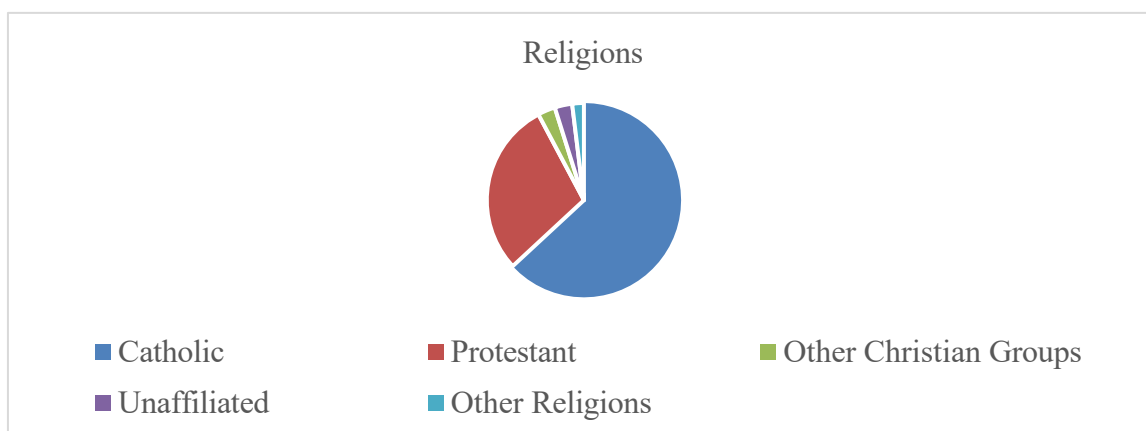
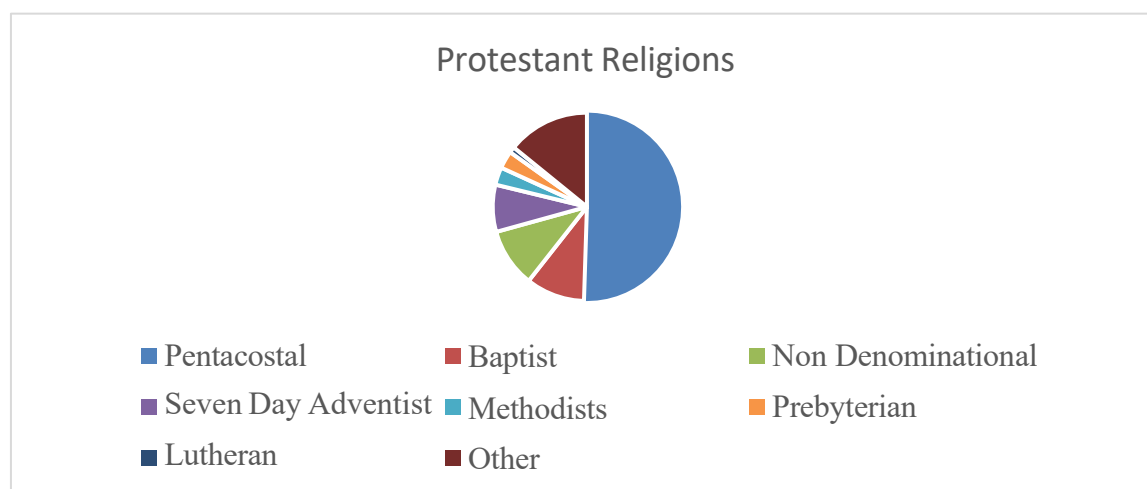
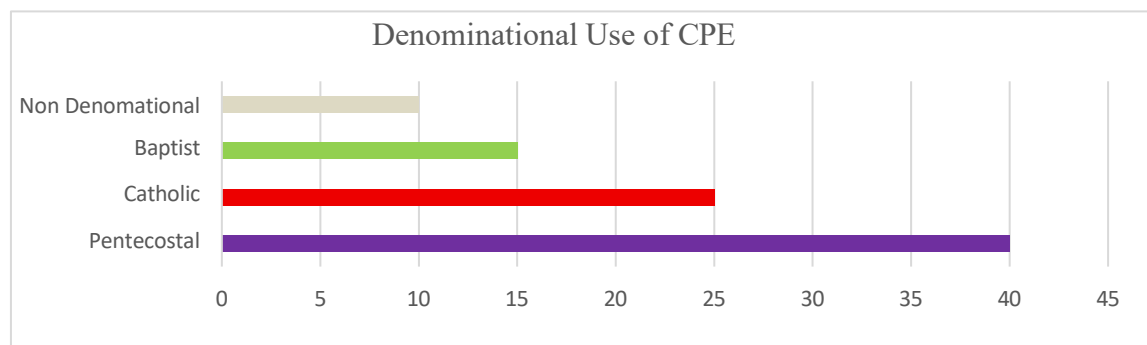
Table 4 Education Levels in Puerto Rico

Table 5 Religions¹⁴¹**Table 6 Protestant Religions**

Trends

- Long-term decline in Catholic dominance.
- Rise of evangelical and Pentecostal churches
- Slow but steady growth of non-affiliated individuals
- Many individuals blend: Catholic identity
- Protestant practices
- Folk spirituality

¹⁴¹ Cyril Jarnias, "Understanding Local Religious Practices in Puerto Rico: Essential Guide for Expatriates," Jarnias Cyril, last modified January 28, 2026, <https://www.jarniascyril.com/international-real-estate/invest-in-real-estate-puerto-rico-complete-guide/religious-practices-puerto-rico-expat-guide>.

Table 7 Denominational Use of CPE**Figure 1 Puerto Rico Health Networks¹⁴²**

Metro (North)- Dark Blue, Ponce (Southeast-Southwest)- Gold, Mayaguez (East)- Maroon, Fajardo (Northwest)- Green, Caguas (West)- Red, Bayamon (Southwest)- Orange, and Arecibo (Northeast) – Dark Green.

SWOT Analysis Presented

A SWOT analysis evaluates strengths, weaknesses, opportunities, and threats to help a business develop strategies, identify risks, and plan for the future.¹⁴³

Strengths

ParacletePR Ministries is grounded in Protestant theology. There is a growing trend

¹⁴² Jim P. Stimpson, Alexandra C. Rivera-González, Damaris Lopez Mercado, Jonathan Purtle, Glorisa Canino & Alexander N. Ortega, “Trends in hospital capacity and utilization in Puerto Rico by health regions, 2010–2020,” *Sci Rep* 14, np. 17849 (2024).1-7.

¹⁴³ Jamie Johnson, “What is a SWOT Analysis and How Do You Perform One,” US Chamber of Commerce, last modified 2026, <https://www.uschamber.com/co/start/strategy/swot-analysis-guide>.

toward Protestant denominations in Puerto Rico. This theological connection is a source of strength. Protestants are also the primary advocates for using CPE to train their clergy.¹⁴⁴

Another strength is the continuing need for medical services across Puerto Rico. As of 2024, there were 64 major hospitals spread over 93 urban and metropolitan areas in Puerto Rico. The majority of these hospitals are located in the capital city of San Juan.¹⁴⁵ The Health Resources and Services Administration (HRSA) has deemed all but 6 of Puerto Rico's 78 municipalities as medically underserved areas.¹⁴⁶

Puerto Rico maintains the Puerto Rico Hospice and Palliative Care Association, Inc., as a membership organization for hospices in Puerto Rico. The mission of this organization is to promote and strengthen the provision of services to terminally ill people and their families, through health professionals, education and the promotion of quality services.¹⁴⁷ There are approximately 42 Medicaid-certified hospices across the island.

The chaplains at ParacletePr Ministries are well-versed in medical-based spiritual care. In addition, the ministry is moving toward a practice of Thanatology. Hospitals are required to provide spiritual care as part of their accreditation.¹⁴⁸ Hospices require access to spiritual care from their largest funding agency.¹⁴⁹

Weaknesses

¹⁴⁴ Gene Fowler, "The Ministry of Care in Twenty-First-Century Protestant Congregations," *Pastoral Psychology* 61, no. 2 (2012): 197-210.

¹⁴⁵ J.P. Stimpson, "Trends in hospital capacity and utilization in Puerto Rico by health regions, 2010–2020," 7.

¹⁴⁶ *Ibid.*, 1.

¹⁴⁷ Puerto Rico Hospice and Palliative Care Association, Inc., "About Us," last modified 2016, <https://www.prhpca.com>.

¹⁴⁸ Standards, Joint Commission, 2026, <https://www.jointcommission.org/en-us/standards>

¹⁴⁹ Title 42, CFR, Part 418

One problem is that these hospitals and hospices have relied on lay spiritual care providers to meet their agencies' requirements. This places professional chaplains in direct competition with lay chaplains. The hospitals and hospices would need to recognize the advantages of employing a professional chaplain.

Another weakness is language. Ninety-five percent of the people of Puerto Rico are Spanish speakers. The professional chaplains at ParacletePr Ministries need to be bilingual.

Opportunities

The large number of venues for professional chaplains presents a significant opportunity. Puerto Rico has nearly twice as many medical facilities as the state of Delaware, which is roughly the same size. In addition, neither the ACPE nor the ICPT has yet invested in Puerto Rico. Bringing either or both to Puerto Rico would be a great asset to all.

Threats

The threats to this ministry are external and largely beyond control.¹⁵⁰ The first such threat is Puerto Rican culture, which largely resists outside influence, particularly from the United States.¹⁵¹ The other threat is closely related to the first and concerns language. Puerto Ricans view their language as central to their nationalism.

Define the Target Audience

The chaplains at ParacletePr Ministries would be the immediate beneficiaries. However, the long-term beneficiaries would be the people of Puerto Rico. The chaplains provide spiritual care to the people. Raising the level of spiritual care would directly benefit the island.

¹⁵⁰ Anna Neya. Kazanskaia, "Conducting a SWOT Analysis for Strategic Planning: Integrating Internal and External Perspectives." *NEYA Global Journal of Non-Profit Studies* (2025):2.

¹⁵¹ Hilda Iriarte, *Puerto Rico, a Unique Culture: History, People and Traditions* (Bloomington, IN: Balboa Press, 2018). 212.

Review of Other Faith Communities

The Adventists offered the only other CPE Program through their Adventist Chaplaincy Institute. The program was held at the Bella Vista Hospital in Mayaguez, Puerto Rico, and now operates on a hybrid CPE model.

Asset Identification

The key leader for this project is the ministry's administrative director. The challenges are significant. The leader must first be a Godly man. Then the leader must have a heart for the people. Finally, the leader must be able to inspire others.¹⁵²

Key Leader's Required Strengths

The first required strength is godliness. This can be assessed through the leader's prayer life and past ministry. The second strength is a heart for the people. This can be assessed through past ministry, service as a mental health therapist, and experience as a pastoral care provider. A final strength is organizational skills, as assessed by academic and professional achievements. A psychometric assessment of these strengths can be conducted using the Myers-Briggs Type Inventory.¹⁵³

Key Leader's Required Skills

The director must be a good communicator and able to get others to adopt the vision. This skill is called Political Skill.¹⁵⁴ Political Skill has been a concept in management science since the 1980s.¹⁵⁵ It is a measure of one's ability to garner cooperation and support. The

¹⁵² Jim Reid, *Leading To Greatness*, (Vancouver BC, CN: Figure 1 Publishing, 2022), 24.

¹⁵³ Rodrigo Zárate-Torres and Juan C. Correa. "How good is the Myers-Briggs Type Indicator for predicting leadership-related behaviors?" *Frontiers in Psychology* 14, no. 940961 (2023): 8.

¹⁵⁴ Kristin L Cullen, Alexandra Gerbasi, Donna Chrobot-Mason, and Kristin L Cullen, "Thriving in Central Network Positions: The Role of Political Skill," *Journal of Management*. 44, no. 2 (February 2018): 716

¹⁵⁵ Gerald R. Ferris, *et al.*, *Political Skill at Work, Revised and Updated: How to influence, motivate, and win support* (London, UK: John Murray Business Academic, 2020), 7.

Political Skill Inventory is a good psychometric tool for assessing this skill.¹⁵⁶

Key Leader's Required Experiences

The leader must have the experience to apply all the strengths and skills above. This experience is the result of 29 years of ministry and clinical experience.

Reflective Statements

Position Statement

Our Position Statement is as follows: ParacletePr Ministries holds that developing and expanding accredited Clinical Pastoral Education (CPE) programs in Puerto Rico is essential to ensure equitable, high-quality spiritual care. The ministry further asserts that professional chaplains are critical members of interdisciplinary care teams. In conclusion, access to CPE must be significantly expanded across the island.

Mission Statement

Our Mission Statement is as follows: To create accredited Clinical Pastoral Education programs in Puerto Rico. The result is to raise the level of spiritual care in Puerto Rico. Finally, the mission is to provide spiritual care training that equips compassionate leaders to serve diverse communities across Puerto Rico.

Vision Statement

The vision statement is as follows: ParacletePr Ministries will ensure the development of robust, island-wide networks of highly trained chaplains who provide high-level spiritual care, resulting in a comprehensive approach to care throughout the island.

¹⁵⁶ R. K., Jacobson, & Viswesvaran, C, "A Reliability Generalization Study of the Political Skill Inventory." *Sage Open*, 7 no.2 (2017): 1.

Values Statement

Our Value Statement is as follows: ParacletePr Ministries honors the inherent worth of every person, created for purpose, and respects all faith traditions, beliefs, and spiritual expressions. We further believe in partnering with healthcare teams and community leaders to support CPE programs. Finally, this ministry responds faithfully to the call to serve by accompanying others through suffering, healing, and hope.

Strategy Statement

The strategy is to establish accredited Clinical Pastoral Education (CPE) programs throughout Puerto Rico by partnering with healthcare systems, academic institutions, and faith communities.

Proposed Team Members

The team for this project will include the ministry's administrative director as the primary leader. The planning meeting will include the director, the identified stakeholders, and three educators in Clinical Pastoral Education.¹⁵⁷ Additional team members will be volunteer staff assisting with meeting planning.

Proposed Budget for the Plan

This plan calls for a meeting of the key stakeholders at the clinical sites and CPE educators to plan for ongoing activities.

Table 8 Budget for Planned Meeting

Budget for Initial Planning Meeting		
Item	Amount	Notes

¹⁵⁷ The three CPE Representatives include: 1 from the ACPE, 1 from ICPT, and 1 a CPE student

Venue	900	Church or Hotel Meeting Room
Event Software	134	Registration & Website
Speakers	3600	3 Certified CPE educators @ 1000 each
Staff	216	Registration & Setup
AV/DJ	275	
Marketing	300	
Sponsors	300	
Contingency	300	
Honorarium	372	For Speakers
Printing	200	Surveys
Data Analysis	150	
Total	\$6747	

This budget will more than cover the initial planning meeting.

Uniqueness of the Plan

This plan is unique because it brings together stakeholders at the clinical sites and educators. This meeting between the CPE supervisors and clinical stakeholders allows for consideration of the full range of a CPE program's needs. This has not traditionally been done.¹⁵⁸ Focusing on the entire CPE process enables a more responsive and educational experience.

¹⁵⁸ Cadge, "Training Healthcare Chaplains: Yesterday, Today and Tomorrow," 221.

Scriptural Foundation for the Plan

Two passages form the scriptural foundation of this plan. The first is Luke 14:28. In that passage, Jesus tells a parable about planning before acting. It supports the well-known Ben Franklin adage: "Those who fail to plan, plan to fail." This plan calls for a planning meeting to discuss how to proceed with creating a CPE program in Puerto Rico.

The second passage is Matthew 25:34-42. In this passage, Jesus explains how one should act toward those who cannot act on their own behalf. This is the essence of chaplain ministry. Chaplains do for the least of His, no matter where they may be found. Clinical Pastoral Education prepares for this service.

Theological Foundation for the Plan

The theological basis for this plan is found in II Timothy 2:15: "Study to show thyself approved." "Study to show thyself approved" is central to this plan. The Apostle Paul teaches that the standard for ministry is study. Clinical Pastoral Education is the biblically based model for chaplain preparation.

Action Plan

SMART Goals

Table 9 Ministry Development Plan SMART Goal Table 1

Goal 1: Conduct an Introduction (planning) Meeting

Specific	The meeting is with stakeholders and CPE Educators to discuss a program.
Measurable	The actual conduct of the meeting with 25% of stakeholders and all educators.
Attainable	The goal is attainable through mass contact with stakeholders.

Realistic	The goal is realistic based on an aggressive mass publicity campaign.
Time Sensitive	This goal is already underway. Should be completed by July 30, 2026.

Table 10 Ministry Development Plan SMART Goal Table 2

Goal 2: Decide the Model of the CPE Program

Specific	A survey will be distributed at the planning meeting to assess interests and identify the most appropriate model.
Measurable	The goal is to achieve a 75% response rate to the surveys.
Attainable	This goal is attainable based on the nature of the planning meeting.
Realistic	The goal is realistic based on the analysis of the survey data.
Time Sensitive	This goal will be completed 30 days after the planning meeting.

Table 11 Ministry Development Plan SMART Goal Table 3

Goal 3: Contact The Appropriate CPE Program Agency to Investigate Requirements

Specific	Once the appropriate agency (ICPT or ACPE) is determined, it will be contacted to begin the enrollment process.
Measurable	It is measurable by setting a range of completion dates.
Attainable	This goal is attainable by narrowing the scope of the appropriate agency.
Realistic	This goal is realistic, as it only requires that manuals be read and understood.
Time Sensitive	The goal will be completed within 30 days of the analysis of the survey data.

Table 12 Ministry Development Plan SMART Goal Table 4**Goal 4: Accept the First CPE Cohort**

Specific	The first cohort will be enrolled no later than 90 days after correspondence with the targeted agency. The first cohort should consist of 10 interns.
Measurable	This goal is measurable by completion within the time frame and the enrollment of 10 interns.
Attainable	The demand for CPE is great. The accumulation of 10 interns is manageable.
Realistic	The goal is realistic based on the small number of interns desired
Time Sensitive	This goal is expected to be completed within 6 months of the planning meeting.

Tasks and Timeline

Goal 1: This goal was already underway. It was postponed to allow for better outreach and to complete this plan.

Goal 2: This goal will be completed 30 days after the planning meeting. We expect 75% of the stakeholders to complete the distributed survey.

Goal 3: This goal will be completed thirty (30) days after the analysis of the data. The goal only requires reading the collected manuals.

Goal 4: This goal depends on 10 interns registering for the initial CPE program. We would like to begin no later than 6 months after the planning meeting.

Conclusion

This plan outlines the vision and projected progress for developing CPE Programs in Puerto Rico. It is a comprehensive plan. The development of CPE in Puerto Rico will serve future chaplains and the people of Puerto Rico.

Analysis of the Micro-Project

The process of designing this Ministry Development Plan helped clarify the approach to solving the ministry problem. The plan was challenging yet enjoyable. Much went into the plan, from basic research to budgeting and personnel assessments. It is believed that this plan offers clear direction and a viable approach to developing a Clinical Pastoral Education program in Puerto Rico.

The plan offers the most effective approach to delivering CPE to Puerto Rico. Moreover, the plan synthesized research from the other micro-projects into a cohesive understanding of the value of CPE for the people of Puerto Rico and for future generations of professional chaplains. Perhaps the most valuable part of the plan was the SWOT analysis. Through this analysis, the plan's strengths and challenges were identified. This analysis required an understanding of where the plan is effective and where it needs further refinement.

The project ministry problem has benefited greatly from this Ministry Development Plan. The plan outlines future steps and a timeline for completing them. This served as a strong motivator for completing the project.

Understanding the challenges of Puerto Rican culture was also quite beneficial. When this history is understood, it becomes clear why there seems to be hesitation in accepting the program. Puerto Rico has a culture shaped by abuse and oppression. Through this abuse and oppression, a system has been built that works for them. It becomes understandable why they are reluctant to simply embrace a new way of doing things. Moreover, they are reluctant to displace an existing workforce simply because someone claims to have a better approach. The challenge is to be inclusive yet progressive. There is much written about the culture of the Puerto Rican people, and this plan would be enhanced by studying that research.

Nevertheless, there is a strong commitment to helping my people improve the quality of comprehensive physical and spiritual care. This has been said repeatedly; the people of Puerto Rico deserve no less.

The crucial planning meeting was attempted, but it received very little interest. It was decided that the plan should be drafted, and the meeting was rescheduled. Peer input has helped clarify why the reception was poor. Reverend Beverly surmised that “networking is needed before the plan is simply enacted.” Admittedly, that will be a challenge for this writer. However, networking is the key to acceptance and understanding.

A family member recently said that this writer is a scholar. He defined a scholar as someone who accumulates a great deal of information yet rarely applies it in practice. Perhaps there was wisdom in that observation. This project must succeed, even at the cost of some basic growth for this writer.

This academic program could be enhanced beyond academic planning. There is also a need to help shape the student as a practitioner. As a Doctoral-level chaplain, one is expected to identify and offer paths to enhanced reward. Then they must lead the way toward that reward. As this program draws to a close, there remains the need to shape the person to lead with the knowledge they have obtained. This remains the challenge.

This project is dedicated to the memories of two people who were a great source of inspiration. The desire to bring CPE to Puerto Rico stems from my mother's memory. As a Puerto Rican woman, she was extremely strong and led a remarkable life. However, in her final days, she needed someone who could provide spiritual care. Her passing was through the grace of God. Yet spiritual care should be available to all others in need.

The other source of inspiration came from a young performer and Liberty University

alum who died much too young. However, she had great wisdom beyond her age. She performed a song she wrote, titled “It's Ok.” The lyrics tell the story of someone struggling with life, but who finally realizes that, no matter what comes, it's okay. She went on to say, “You can't wait until life isn't hard anymore before you decide to be happy.”

This is the wisdom that comes from belief in and commitment to the Word of God. Jane Kristen Marczewski was fortunate to know and digest that Word. Not everyone is so blessed. However, it is the role of the professional chaplain to ensure that more, rather than a few, are so blessed. One might ask how this will be done. The answer lies in the training and growth of CPE programs. The need is to ensure there is a program the chaplain can attend.

As this portion of the project comes to an end, a great deal of ground has been covered. A comprehensive literature review was conducted using fourteen sources covering over a decade of research on Clinical Pastoral Education. This review was revealing and inspiring. Panel discussions were held, introducing four practitioners and educators who offered insight and projections. The experience of gleaning wisdom from these practitioners cannot be overstated. Finally, a comprehensive examination of Puerto Rico, coupled with an initial planning document, was offered. Overall, this project offers a solid strategic approach to addressing the ministry problem.

The next effort is to review what has been learned. The goal now is to understand how much ground this journey has covered and what else needs to be done. In 2 Peter 3:8, Peter writes, “But, beloved, be not ignorant of this one thing, that one day is with the Lord as a thousand years, and a thousand years as one day.” This writer understands this to mean patience is the key. God fulfills His word on His own perfect, eternal schedule. So it will be with this project.

CHAPTER 6: ASSESSMENT OF THE PROJECTS

Introduction

This assessment of the micro-projects confirms that they form a valid individual and collective portfolio directed toward the ministry problem. The project now offers an approach to the goal of implementing accredited Clinical Pastoral Education in Puerto Rico. This is not to say the micro-projects are absolute. Each has shortcomings and imperfections, which permit future refinements. However, these micro-projects collectively represent a substantial contribution to strategies for addressing the ministry problem. In addition, they offer valuable insight into professional chaplaincy and chaplaincy education. The micro-projects have benefited from the support and constructive input from peers, instructors, and experts in CPE education. An assessment of each micro-project, peer review, and impact on the ministry problem is warranted.

The benefit of these assessments is that they identify which approaches were most helpful in clarifying the ministry problem. The individual micro-projects focused on specific tasks related to the ministry problem. However, as they form a whole, it was important to determine where unity exists among the respective micro-projects. This analysis examines the individual micro-projects and then discusses the portfolio's overall effect on the ministry problem.

A debt of appreciation is owed to all who supported and contributed to this project. These included fellow students, faculty, and CPE educators, all of whom made significant contributions to this project. This support provided encouragement when difficulties arose and shared the joy when the tasks went as desired. This project was a labor of commitment, made even more blessed by those who made the journey as well.

Assessments

Article Critiques

The first micro-project was the article critiques. As stated, these critiques were considered part of the literature review. This review was based on the state-of-the-art (SotA) methodology.¹⁵⁹ This method of literature review seeks to identify, organize, and elevate the most current knowledge of a phenomenon. The goal of the micro-project was to identify how Clinical Pastoral Education has developed across the spectrum of use. Lastly, the goal was to see how CPE may expand in the future.

In this micro-project, it was discovered that Clinical Pastoral Education has been practiced continuously since 1920, when it was developed by Reverend Anton Boisen. CPE was initially offered in medical hospitals and has continued to evolve over the years. In 1930, it was also offered in mental and correctional institutions. In 1930, the Council for Clinical Training for Theological Students was founded. The Council for Clinical Training launched the Clinical Pastoral Education movement, which evolved into the Association for Clinical Pastoral Education (ACPE) in 1967.

The history of Clinical Pastoral Education spans more than 100 years. It is now offered in every state in the United States and in several European nations. Despite its long history, the complete history of Clinical Pastoral Education is not well documented.¹⁶⁰ This research showed a gap between 1992 and the present.¹⁶¹ Perhaps the most thorough history of CPE is offered in a

¹⁵⁹ Erin S. Barry, Jerusalem Merkebu, Lara Varpio, "State-of-the-Art Literature Review Methodology: A Six-step Approach for Knowledge Synthesis." *Perspect Med Educ* **11** (2022), 281–288

¹⁶⁰ Homer L Jernigan, "Clinical Pastoral Education: reflections on the past and future of a movement." *The Journal of Pastoral Care & Counseling* 56, no. 4 (2002): 377-92.

¹⁶¹ Charles E. Hall, *Head and Heart: The Story of the Clinical Pastoral Education Movement*, (Decatur, GA: Journal of Pastoral Care Publications, 1992)

brief webpage on the ACPE website.

Most of the literature on CPE addresses the various settings and the interns of the process. The reported successes were sufficient to increase devotion to the experience. In addition, the various CPE settings demonstrated flexibility, which is encouraging.

The literature review was helpful in broadening this researcher's ability to locate and report on ten (10) different sources. This process refined the ability to select the most appropriate and informative resources for this project. This review was necessary to develop a foundation for the remaining projects. The ability to identify appropriate and informative resources is part of the advanced education process and has proven critical to this overall portfolio.

This literature review contributed greatly to understanding the ministry problem. It provided insight into the range of CPE settings. It also raised awareness of the value and effectiveness of CPE for chaplaincy. This research encouraged the development of CPE in Puerto Rico. Lastly, this research helps envision the appropriate CPE model for Puerto Rico. All of this is quite necessary to gain the support of the stakeholders on the island.

However, this literature review was not without shortcomings. It is difficult to understand why there is a gap in the history of CPE. As chaplaincy grows, the history of CPE would seem to become more important. Moreover, it is difficult to understand how CPE has expanded without recording the history of the process. The literature review reflected only successful programs. The question remains: what happens when CPE is not a successful experience?

Another shortcoming is that the available research does not offer approaches to implementing a CPE program. While the research was replete with studies of existing programs, it did not include models for developing CPE Programs. Lastly, there was concern about why CPE has not been established successfully in Puerto Rico. With such a rich history of success

over 100 years, the question needs to be asked: why not in Puerto Rico?

Book Reviews

The literature review was continued through book reviews. The book reviews did not continue the (SotA) methodology. Instead, they used a more traditional review model. In a traditional literature review, one employs a systematic approach to analyze, evaluate, and synthesize selected resources.¹⁶² Two books were reviewed. This enabled a thorough review of both the discipline of chaplaincy and insight into Clinical Pastoral Education. These are the issues most closely related to the ministry problem.

The first part of this book review provided insight into a chaplain's ordination and career. This included the academic preparation of a chaplain. A discussion of CPE as an important training was reviewed. In addition, it was discovered that a 1600-hour CPE experience accomplishes a complete self-examination and remolding of the chaplain candidate. This was a fascinating discovery.

The second half of this book review explored the actual experience of CPE. This was very interesting and important. It documented how the 1600-hour CPE is experienced. This was very important to learn, as it will be an inherent part of developing a CPE model in Puerto Rico. Moreover, it will enable full expression of the CPE experience to important stakeholders in Puerto Rico. This is the gravamen of the ministry problem.

The book reviews were a valuable contribution to addressing the ministry problem. The ministry problem concerns developing a strategy to provide an accredited CPE experience. The more one understands the CPE process, the more effectively one can frame a strategy. It is clear

¹⁶² Sara Efrat Efron, and Ruth Ravid, *Writing the Literature Review: A Practical Guide* (New York City, NY: Guilford Press, 2018), 4

that CPE is the experience that will add wholeness to chaplains in ministry contexts and elsewhere.

This is not to say this project had no shortcomings. In fact, neither book adequately established a link between the mechanics of CPE and the community in which it is housed. This knowledge is critical, as the venue in Puerto Rico has only limited awareness of CPE. Moreover, both books discussed CPE only in the context of healthcare. The venue in Puerto Rico may be outside healthcare and more closely related to hospice, nonprofits, or educational institutions.

It will be important for this project to determine whether the CPE model is structured differently according to venue. It would seem so, since the treatment, peers, and clients will be different. Perhaps future projects can look at this issue more closely.

In addition, it will be important to carefully examine the dynamics of the CPE process. The second book review discussed the dynamics between peers and supervision in CPE. In a model where the peers and staff may bring a myriad of cultural components, these components will need to be included in the CPE experience.

The book review posed a challenge for future chaplains. The community of chaplains is expanding, and the need for professionally trained chaplains is growing. The most important training for future chaplains is Clinical Pastoral Education. Chaplains will need to be able to serve in nontraditional venues, such as hospice and other settings. This project made this challenge clear.

Panel Discussions

The Panel Discussions Project was a very difficult project to complete. It required extensive research, self-study, and strategic focus. The primary resource for this project was the text *Powerful Panels*.

Panel presentations are very much like theatrical presentations. Research shows there are several formats and styles for panel presentations. The designer seeks the style that offers the greatest opportunity to elicit the required data for the intended task. In this project, the goal was to elicit knowledge and experience from leading CPE facilitators. It was determined that the most effective style would be the Presentation. This style allowed for the most significant input from the panelists. Each panelist had information about CPE that was important to the ministry problem. This Presentation style provided the framework for the remainder of the project.

The data sought directly addressed the ministry's problem of developing a strategy for presenting accredited CPE in Puerto Rico. To collect this data, the questions posed to the panel had to be carefully and strategically designed. Questions were presented in two segments, beginning with more general questions and then focusing on specific ones. This question development was based on research and previous projects.

The final step in preparing for the project was selecting the panelists. This also proved to be the most difficult part of the project. The panel included representatives from the ACPE and the ICPT. These panelists were reliable and agreeable. A review of the Liberty University website indicated the university was offering CPE, and Dr. James Wright was recruited to the panel. The last panel vacancy was for a local representative, which is where the difficulty began.

Several local candidates were identified. They initially agreed to serve but withdrew shortly thereafter, a disheartening pattern. It became clear that Puerto Rico is extremely exclusive. The people are not very receptive to new approaches or to those who offer them. This was frustrating because the goal of the ministry problem is to bring a new approach. It became apparent that the key to success with the ministry problem was to seek "sponsors" and have them broaden one's influence. Eventually, a chaplain at a local hospital agreed to serve, and she

honored her commitment. Her contribution to the panel was key to the project's success.

The collected data was very helpful in addressing the ministry problem. The panel project was a cohesive affirmation of data from the two previous literature reviews. Perhaps the greatest contribution of this project was identifying the most relevant CPE model for Puerto Rico. This panel presentation is offered for viewing at [clinical-pastoral-education-in-paradise](#).

There were shortcomings. The first shortcoming, as previously discussed, was the recruitment of a local panelist. While the panelists who served were excellent, this could have been an opportunity to secure the needed "sponsor" who would facilitate the introduction of the strategy from the ministry problem. The local panelist who served was not able to offer this.

Another shortcoming was the timing of the presentation. It ran a bit over 100 minutes. Had the event been structured differently, more time could have been reserved for audience questions. Audience participation could have served as that "sponsor" this ministry problem strategy will require.

This project did not use the series of panel discussions outlined in the standard assignment instructions. That approach would have been very costly and, as designed, would have posed travel challenges for the panelists. Permission was sought from the micro-project faculty member, who approved a single, longer presentation. This saved funds and facilitated the presentations.

Another innovation was the use of virtual panel discussions. This also led to significant savings and made it easier to record the discussions. This was a highlight of this micro-project.

Overall, this project was successful. It addressed two realities related to the ministry problem. The first was that it provided continuity with the previous two projects. It demonstrated that the research was, in fact, guiding this portfolio in the desired direction. The second gain was

that this project heard from experienced Clinical Pastoral Education educators, who affirmed the progress of this work thus far. In addition, they offered data that propelled this work forward.

Ministry Development Plan

The Ministry Development Plan is a strategic document that outlines the knowledge and design needed to achieve goals inherent to the ministry problem. As such, this plan requires comprehensive research, strategic thinking, and vision. The Ministry Development Plan is distinct from the other micro-projects, yet it encompasses all of them.

When constructed properly, it charts a course to address the challenges posed by the ministry problem. While the Ministry Development Plan is based on a structured rubric, the data from completed projects and further research populate it. Unlike the other projects that focused on a single effort, the Ministry Development Plan involves several distinct issues that must be considered. This was among the most difficult challenges the project raised.

A great deal of thought was invested in this project. There were issues with leadership, target populations, demographics, budgeting, and outcome measures. This required a great deal of focus on where this project and its portfolio were headed. The result was a blueprint for strategically addressing the challenges of the ministry problem.

This project was more than a learning exercise. It was a comprehensive effort to determine how to translate a vision into creation. The ministry problem posed the question, and the Ministry Development Plan answered it. It was a focused exercise that brought questions and research from other projects into a design to resolve the problem.

Through the project, this writer learned how to integrate individual components into a cohesive plan. This writer also learned how to conduct research to ground concepts in reality and then use those concepts to develop a strategic plan.

This writer also learned the importance of taking an aerial perspective in planning. Often, things become much clearer when one takes a more distant view. The 30,000-foot aerial view often provides a clearer sense of where one's planning stands and where it needs to go.¹⁶³

As the Ministry Development Plan unfolded, the strategy for addressing the ministry problem became clearer. This clarity was expressed in the four SMART goals and timelines. These SMART goals are the targets this project will pursue.

A shortcoming in this Ministry Development Plan is the lack of a solid implementation strategy. A meeting was discussed as part of one of the SMART goals. However, the method for recruiting participants for this meeting requires further development and strategic targeting. Given the reserved nature of stakeholders in Puerto Rico, this recruiting plan is imperative.

Another shortcoming is that, by custom, Puerto Rico is geographically divided into four sectors. There is the West, where the city of Mayaguez is located; the South, where the city of Ponce is located; the East, where the city of Fajardo is located; and the Metropolitan, which includes, among others, the cities of San Juan, Caguas, and Bayamon. Each sector has its own flavor and traditions. This Ministry Development Plan is drafted in accordance with the metropolitan traditions.¹⁶⁴ However, for success, the plan needs to consider other sectors.

There is no perfect plan. Because projects unfold in changing environments, the ideal is not a perfect plan but an adaptive planning process that can be progressively refined as conditions, risks, and available information change.

Overall, these projects were complementary and formed a coordinated approach to understanding the ministry problem. There seemed to be a certain fit for each project. The result

¹⁶³ Matt Alderton, Bird's eye view: four practitioners discuss how portfolio management fuels business results by boosting strategic alignment. *PM Network*, 29, no.12 (2015), 40–46.

¹⁶⁴ The majority of the universities and hospitals are located in the Metropolitan sector.

was an awareness that will enable future work on the ministry problem. It was fortunate that the resources for these projects were readily available and that there was strong support from those enlisted to serve on them.

The greatest support came from peers, faculty, and outside professionals. The next section will outline some of the support this project received. However, it would be remiss not to express sincere appreciation to the CPE educators who contributed to this project. Their generosity helped bring the project to a successful conclusion.

There remains a challenge in securing the same level of support from leaders in Puerto Rico. However, for many of the reasons previously discussed, there remains hesitancy to become involved. That is one of the remaining challenges of this project.

In a forthcoming chapter, this portfolio will discuss some of the remaining challenges and propose ways to address them. As has been said, this portfolio is not a *fait accompli* but rather an excellent beginning to a most complicated task. There are areas for future research and development. In addition, as this project progresses, modifications and revisions are expected. The purpose of this portfolio was to lay the groundwork for a strategy to engage the ministry problem. This portfolio provides an excellent platform for beginning the work ahead.

The next chapter will discuss some ideas for future work. One such future project is the initial peer meeting being developed. In addition, more partners will be contacted and requested to assist. More research is also required to determine how CPE was conducted in the past and why it no longer exists. This project will require time. However, it is imperative as the people of Puerto Rico are entitled to professional spiritual care.

Peer Review

This portfolio was blessed to have the support of many peers and faculty throughout its course. It would have been far more difficult to complete this work without their input. It is important to recognize the influence of those who contributed to this portfolio and the work on addressing the ministry problem.

Encouragement

Peer reviews encouraged the ministry problem and the entire portfolio as valuable work. One of the first such peer reviews came from Samuel Perry, who wrote, “I understand the importance of continued education that connects the knowledge of Clinical Psychology with the ministry work of Pastoral Counseling.”¹⁶⁵ Perry makes a good point, as chaplains are not just members of the clergy but are often licensed mental health providers. Chaplains are uniquely educated to provide both clinical and spiritual care.

Another such peer review came from William Craig, who wrote, “CPE Programs improve pastoral ministry by developing the whole person and imparting self-awareness.”¹⁶⁶ Craig continues by writing, “How many churches are even aware of the CPE Program?”¹⁶⁷ This promotes the very reason for this ministry problem. There is a need to inform churches and communities about the advanced training chaplains complete to obtain certification.

These peer comments are important because they accurately identify chaplains as care providers. Secondly, they illustrate that Clinical Pastoral Education, while important, requires a better understanding. Lastly, they give this work validity.

Establishing Clinical Pastoral Education programs is important, and it is a blessing that some ministry leaders recognize this. However, more need to be aware of the program. For example, Jerry Gholston writes, “I think the first step in approaching decision makers in a feat such as this is to educate them on the value and benefits this program will have not only for them but also for the church, community, and persons as a whole.”¹⁶⁸

¹⁶⁵ Perry, “DMin 851, A Defensible Micro Project Peer Review.”

¹⁶⁶ Perry, “DMin 851: Defensible Micro-Project Peer Review.”

¹⁶⁷ Ibid.

¹⁶⁸ Gholston, “DMin 852: Defensible Micro-Project Peer Review.”

Finally, peers were encouraging about the portfolio project as a whole. For instance, Randall Keith writes, “It is important to discuss why Puerto Rico needs a CPE Program.”¹⁶⁹ Adetayo Tychus writes, “The absence of accredited Clinical Pastoral Education (CPE) in Puerto Rico is not merely an educational issue but a systemic challenge that affects the credibility, effectiveness, and integration of chaplaincy within institutional settings.”¹⁷⁰

Dr. Louis Beckwith writes of this portfolio, “Great job. The material provides a clear, in-depth analysis of your work and offers actionable next steps as you look ahead to your future micro-project. Excellent work!”¹⁷¹

Finally, Dr. Dennis Wilhite writes, “You have developed a very strong chapter for your portfolio. The plan itself is very well thought out and communicated. The introductory sections are solid, accomplishing what they need to. I do believe that this final project has brought the rest of your work together very well.”¹⁷²

The Peer reviews have been encouraging and have added value and quality to the overall portfolio. There have been helpful suggestions as well. This portfolio attempted to incorporate these suggestions wherever possible.

Suggestions

The peer reviews also included suggestions that improved the portfolio. For example, Ty McKinney wrote, “As this writer proposes, gathering information from those with a history or familiarity with the need for accredited Clinical Pastoral Education can be very insightful.”¹⁷³ This comment was very helpful, as it supported the approach decided upon in the Panel Discussions project to recruit seasoned CPE providers.

Brian Beverly wrote, “The project should seek a CPE accrediting body with which to affiliate.” This supported the choice to recruit representatives from the ACPE and ICPT to serve

¹⁶⁹ Keith, “DMin 853: Defensible Micro-Project Peer Review.”

¹⁷⁰ Tychus, DMin 854: “Defensible Micro-Project Peer Review”

¹⁷¹ Beckwith, “DMin 853: Culmination Paper Assignment.”

¹⁷² Wilhite, “DMin 854: Culmination Paper Assignment.”

¹⁷³ McKinney, “DMin 854, Peer Review Comments.”

as panelists in the Panel Discussions project. This led to some very interesting exchanges discussing the approaches of the two different organizations.

In DMIN 853, Dr. Beckwith wrote, “Excellent job on the organizational process of your project.”¹⁷⁴ The material is well developed and well organized.” He continues, “I know there were concerns about the project, but everything worked out fine, and you have provided a quality resource.”¹⁷⁵ Dr. Beckwith was referring to the difficulties encountered in scheduling and recruiting local panelists for the Panel Discussions project.

Constructive Criticisms

There were not many constructive criticisms. However, the ones received were very early in the process and were quite instrumental to the portfolio project. For instance, in DMIN 852, Dr. Zabloski wrote, “Good research, Ronald, and good information on each work presented. But you are now going to have to really ramp up the scholarly writing aspect in this program, essentially as it relates to Turabian format. Once you do, you'll find fewer deductions for it as you move along in the class. I marked places where improvement is needed; I'll look for these changes to be incorporated in the Elaboration phase.”

In the Elaboration phase of DMIN 852, Dr. Zabloski wrote, “Great job on this revision; I'm pleased to see the improvements and application of my feedback.”¹⁷⁶ These comments from Dr. Zabloski were well regarded as the portfolio continued. This was a doctoral program, and clearly doctoral-level work was demanded and expected.

In DMIN 851, Dr. Barnett wrote, “Your analysis was good but did not meet the required page length. You made some good observations in your lessons learned and included a couple of

¹⁷⁴ Beckwith, “DMin 854, Culmination Paper Comments.”

¹⁷⁵ Ibid.

¹⁷⁶ Zabloski, “DMin 852 Elaboration Paper Comments.”

good points regarding future work that can be done. Spelling and grammar were well done.”¹⁷⁷

Again, this was very early in the portfolio project. However, it was the best time to set standards that would need to be met throughout the remainder of the portfolio process. These formation issues have been the most difficult throughout the process.

Contributions also came from those outside the Liberty family. For example, Dr. Christine Davies of the Robert Wood Johnson Medical Center, Chaplaincy Department, made several contributions to the Panel Discussions. Chaplain Ramel Cuenca, Vice President and Chief Operating Officer of the Institute for Clinical Pastoral Training, served on the Panel Discussions. In addition, he agreed to travel to Puerto Rico to serve as a panelist at the planned Peer Meeting. Chaplain Grace Pollet of Bella Vista Hospital (Mayaguez) brought local awareness to the Panel Discussions. In addition, Chaplain Pollet was a continuing source of encouragement and support. Then there was Dr. James Wright of Liberty University's Center for Chaplaincy, who served as a panelist and was a welcome source of encouragement.

This project was blessed to have so many who were so important to its overall success. This project is not yet complete. Many of those who served to bring this project to this point are willing to serve even further. A debt of appreciation is due to them. Yet more, these chaplains demonstrate the spirit that drives chaplaincy. They care and are willing to do what they can to help bring the caring ministry of chaplaincy to those in need. This was both motivating and challenging to this writer. This is the spirit that needs to be imparted to the people of Puerto Rico. They deserve no less.

¹⁷⁷ Barnett, “DMin 851 Culmination Paper Comments.”

Strategic Impact on the Ministry Problem

The preceding assessment of the four micro-projects' impact demonstrates their strategic effect on the ministry problem. The obvious conclusion is that each micro-project was well designed, well researched, and well executed.

Each micro-project had a symbiotic relationship with the preceding and prospective micro-projects. This gave the portfolio a definitive structure of research and composition. The portfolio enjoyed two substantial literature reviews. Then it received contributions from four seasoned Clinical Pastoral Education educators. It concluded with a comprehensive Ministry Development Plan.

The four micro-projects formed a formidable portfolio that will offer a substantial impact on the ministry problem. The preceding assessment indicated a strategy prepared to address the ministry problem.

This project is not over yet. In a coming chapter, there will be a discussion on what comes next. Moreover, there will be a discussion of how this project may help bring professional chaplaincy to other areas in need of such services. What seemed to be a small concern has grown into a much larger ambition. Some ideas will be presented in a coming chapter. Although not yet completed, this project has laid a foundation for resolving the ministry problem in the identified ministry context. The goal was to solve a specific problem for a specific ministry context. Yet God takes the small things of humankind and magnifies them into a blessing wherever needed.

In Mt 17:20 we find, “for verily I say unto you, If ye have faith as a grain of mustard seed, ye shall say unto this mountain, Remove hence to yonder place; and it shall remove; and nothing shall be impossible unto you.”

Conclusion

From the preceding assessment, it is clear that the micro-projects have made a significant impact on the identified ministry problem. The goal is to develop a strategy to bring accredited Clinical Pastoral Education to Puerto Rico. Each project provides solid research on Clinical Pastoral Education, and together they form a strategy to address the ministry problem. In addition, there has been strong, positive peer review and support from faculty and other practitioners, which has significantly enhanced the strategic impact of the overall portfolio.

CHAPTER 7: MINISTRY

NEXT STEPS

Introduction

Now that the work on the four micro-projects is complete, it is wise to review the future of this work. The first major effort going forward is the introductory planning meeting. The meeting is titled CPE in Paradise. It seeks to formally initiate and discuss the project to address the ministry problem.

The introductory planning meeting discusses the concept and seeks support for the project from the identified stakeholders. The goal is to build a shared vision rather than to ask organizations to commit immediately. The objective is to determine whether there is sufficient interest in developing Puerto Rico's first collaborative, accredited Clinical Pastoral Education program.

This ministry problem can also be approached through other micr-projects, in addition to the current portfolio. Change is expected. As the project grows and new participants join the effort, new members will bring new ideas. This will be a good thing. Change is often exciting and inspiring.¹⁷⁸

There will be modifications to the work accomplished in this portfolio. One thing that will not change, however, is the project's fundamental purpose. That purpose is to bring accredited Clinical Pastoral Education to Puerto Rico.

¹⁷⁸ John P. Kotter, Vanessa Akhtar, and Gaurav Gupta, *Change: How Organizations Achieve Hard-to-Imagine Results in Uncertain and Volatile Times* (New York, NY: Wiley Publishing, 2021), 15

Looking Forward

The next step in this project is to organize and conduct an introductory planning meeting. This project will be known as CPE in Paradise going forward. This meeting formally introduces the project to the stakeholders in Puerto Rico. One of the most important steps before this meeting is to discuss CPE with the recognized CPE experts on the island. These experts have several years of CPE experience on the island. They can discuss what was successful and what led to the demise of CPE in Puerto Rico.¹⁷⁹

The introductory planning meeting will address topics such as;¹⁸⁰

1. Learn about Clinical Pastoral Education and current accreditation standards.
2. Discuss the growing need for professionally trained chaplains in Puerto Rico.
3. Explore opportunities for collaboration among hospitals, hospices, universities, seminaries, and faith communities.
4. Identify potential clinical training sites.
5. Discuss governance and partnership models.
6. Establish a Steering Committee to continue planning.

The introductory planning meeting will be held at a church or seminary to maintain the overall spiritual focus of the event. The meeting has a budget of \$6,747, which will be raised through contributions on a crowdfunding site. It will be a full-day event. The Ministry Development Plan provides an excellent course of action for this meeting. This meeting is intended to occur in the winter months, preferably February or March.

The fiscal year for most educational institutions, hospitals, and community agencies

¹⁷⁹ These experts are the Reverend Dr. Samuel Perez and Rev Ivelisse Valentin Vera of the Nazarene Church. In addition, there is Chaplain Louis Rodriguez of Houston Methodist Hospital and Dr. Sasha M. Sanabria Ramos, Ph.D., InterAmerican University-Fajardo

¹⁸⁰ A proposed Proposal for the first Planning Meeting is listed as Appendix C.

begins in January or June.¹⁸¹ Hence, planning in February or March would be timely. While this meeting is strategic only, an important consideration is how this project would be incorporated into these agencies' operational plans.

Using established criteria, artificial intelligence identified the most appropriate agencies to invite to this meeting. The criteria include: a faith-based mission, a need for spiritual care services, a respected standing in the community, a history of ministry activity, and an existing pastoral care tradition. It is believed that agencies meeting these criteria would be most receptive to this project.

The established goals of this meeting would enable the immediate, mid-course, and long-term strategies for this project. Hence, the goals included in the proposal for this meeting had to be comprehensive. These goals will drive action on the ministry problem.

A similar meeting was attempted previously. However, the level of planning afforded by this portfolio has addressed many of the previous errors. It is believed that this portfolio represents a successful approach to addressing the ministry problem.

Other Projects

Other projects could address the ministry problem. One approach is to rely solely on the hybrid Clinical Pastoral Education model. This model requires only a clinical site in Puerto Rico, with didactic education conducted elsewhere. A chaplain can complete the requisite 1600 hours of CPE through this model.

The difficulty would be finding a clinical setting. Most hybrid CPE models require the clinical supervisor to be familiar with CPE and to maintain regular contact with the didactic

¹⁸¹ Elliott Davis, Budget planning for nonprofits: Approaches for the next fiscal year, Article, last modified March 23, 2026, <https://www.elliottdavis.com/insights/budget-planning-for-nonprofits-approaches-for-the-next-fiscal-year>

supervisor..¹⁸² This can pose challenges in Puerto Rico. However, the ICPT allows current paid or volunteer work at a qualifying agency, including self-employment. The ICPT has recently been recognized as a prerequisite for board certification preparation, increasing the appeal of hybrid CPE.

Another project related to the ministry problem is a podcast. Although this portfolio did not include a podcast as a micro-project, the podcast remains a strong approach. The podcast can serve as both a motivational and an educational tool. CPE will become more mainstream as recognition and awareness of CPE in Puerto Rico grow. Research for this portfolio revealed efforts to implement CPE in Puerto Rico. The educators who championed this CPE are still available and should be interviewed to further this project.

Another project related to this ministry problem would be a webinar. The Chaplaincy Innovation Lab hosts several webinars on its website. The Chaplaincy Innovation Lab (CIL) launched in October 2018 to bring chaplains, theological educators, clinical educators, and social scientists into conversation about the work of chaplaincy and spiritual care.¹⁸³ This Lab has become a major repository for webinars on chaplaincy-related topics. A webinar, or a series of webinars, on implementing CPE in Puerto Rico could attract CPE educators interested in joining the project. These webinars may also encourage sites in Puerto Rico to develop CPE programs.

A webinar could cover all the topics planned for the in-residence introductory planning meeting, thereby achieving the same goal. In addition, a webinar could raise awareness and advocate to a much larger audience.

¹⁸² ICPT, "Clinical Training Guide."

¹⁸³ Chaplaincy Innovation Lab, "About Us", Chaplaincy Innovation Lab, last modified 2026, <https://chaplaincyinnovation.org/>

These are only a few additional approaches to addressing the ministry problem. The goal is to establish CPE in Puerto Rico. A creative strategist could devise tools not discussed here.

Other Research

This portfolio has identified several opportunities for future research to address the ministry problem. This presentation will focus on the studies that would most assist this project. First, it is important to understand how CPE programs can be best established in areas with different cultures and even different languages.

Puerto Rico has a diverse culture composed of indigenous, Spanish, and American influences. As Puerto Ricans become more acculturated into American culture, they remain adamant about maintaining their other cultural traditions. There is a question of how CPE would thrive in a multicultural environment.

The micro-projects in this portfolio were largely not attuned to multicultural issues. Some of the critiques in the article critiques raised questions about a different culture. However, none of the articles examined multicultural issues. The book reviews and all subsequent micro-projects considered CPE only from the Anglo-Saxon perspective. This may be a grave oversight.

A study on a multicultural approach in CPE was conducted with a population very similar to that in Puerto Rico.¹⁸⁴ The goal was to determine whether students found the multicultural approach helpful in meeting the spiritual needs of diverse patients, families, and staff, and how it affected their chaplaincy. The results showed that cultural immersion encourages students to develop empathy and cultural humility, leading to greater confidence in meeting the spiritual needs of anyone seeking care. This is very encouraging.

¹⁸⁴ Beth L Muehlhausen, Satoe Soga, Jonatan Amaya-Villa, Charles Abuyeka, and Emmanuel Nieves Aviles, "CPE Cultural Immersion through a Country Exchange Program." *Journal of Health Care Chaplaincy*, March, 1–23. 2026.

Another issue is how to determine whether CPE is needed in a specific location. This issue was not addressed in the micro-projects. The discussion in the micro-projects focused more on existing programs. Although it did not directly answer the research question, the need for ethnic Clinical Pastoral Education was recognized in Puerto Rico.

This need for pastoral care is so profound that the InterAmerican University, Fajardo, Puerto Rico, wrote the following, “Humanity increasingly needs human beings who are committed and empathetic to pain and suffering. In whatever environment or place we find ourselves, it is more than comforting to find a helping hand that can support and guide those in need.”¹⁸⁵ The university continues, “Given this need and observing the great interest that people have in training professionally in pastoral care, the Fajardo Campus of the Inter-American University of Puerto Rico created the first associate degree in Institutional Chaplaincy in Puerto Rico.”¹⁸⁶ This university has continued its Associate degree in Pastoral Care program.

While the university is moving in the right direction, there is a need for an even higher level of pastoral care. There is a present need for greater professionalism. It is time to bring accredited Clinical Pastoral Care to Puerto Rico.

Conclusion

After completing this portfolio, the next steps in addressing the ministry problem are crucial to its successful resolution. As this portfolio moves beyond the micro-projects, a few imperative tasks remain. First, further research into the history of Clinical Pastoral Education in Puerto Rico is necessary. Second, additional projects that focus on the ministry problem should be investigated and implemented. Finally, a cohesive, purpose-driven planning cohort should be created to elevate the level of spiritual care in Puerto

¹⁸⁵ InterAmerican University, “Urgent Need to Develop Professional Pastoral Care,” Institutional Chaplaincy Associate Degree, last modified 2015, <https://www.inter.edu/en/news/urgent-need-to-develop-professional-pastoral-care/#:~:text=Institutional%20Chaplaincy%20associate%20degree>.

¹⁸⁶ Ibid

Rico. The research in this portfolio demonstrates a present concern for spiritual care in Puerto Rico. As other institutions grapple with the issues and solutions discussed in this portfolio, chaplains at ParacletePr Ministries should be dedicated to the mission of caring for others as they do for themselves.

The Holy Scripture records,

But when the Pharisees had heard that he had put the Sadducees to silence, they were gathered together. Then one of them, which was a lawyer, asked him a question, tempting him, and saying, Master, which is the great commandment in the law? Jesus said unto him, Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind. This is the first and great commandment. And the second is like unto it, Thou shalt love thy neighbour as thyself. On these two commandments hang all the law and the prophets. (Mt 22:34-40)

APPENDIX A

ICPT Website
@ <https://www.icpt.edu/about.html>

04/07/2026, 07:30

About ICPT

The Institute for Clinical Pastoral Education

Home / **About Us**

About us

Welcome to ICPT

The Institute for Clinical Pastoral Training (ICPT) endeavors to maintain and demonstrate the highest level of effective professional formation in various ministry environments. ICPT offers Clinical Pastoral Education (CPE) to a wide range of individuals with differing religious beliefs and traditions. It is intentional that we treat each student trainee with respect and acceptance in the context of their own religious traditions. It is our goal to allow each trainee to grow within chaplaincy ministry and service to others consistent with these beliefs and traditions. Our desire is to provide personal and professional integration of peer-group feedback through CPE, in varied clinical settings.



01

Our Mission

Our mission is to emphasize professional growth in ministry and protect the dignity of our trainees and those they encounter in ministry service.

02

Our Vision

<https://www.icpt.edu/about.html>

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APPENDIX B

ACPE Website
@ <https://acpe.edu/>

04/07/2026, 07:40

ACPE



Expanding Global Access to Clinical Pastoral Education: ACPE Launches New International CPE Landing Page

The ACPE International Relations Committee is excited to announce the launch of its International CPE Landing Page, a comprehensive resource designed to make CPE more accessible to students and educators worldwide.



Voices of Administrators: Telling ACPE's Story

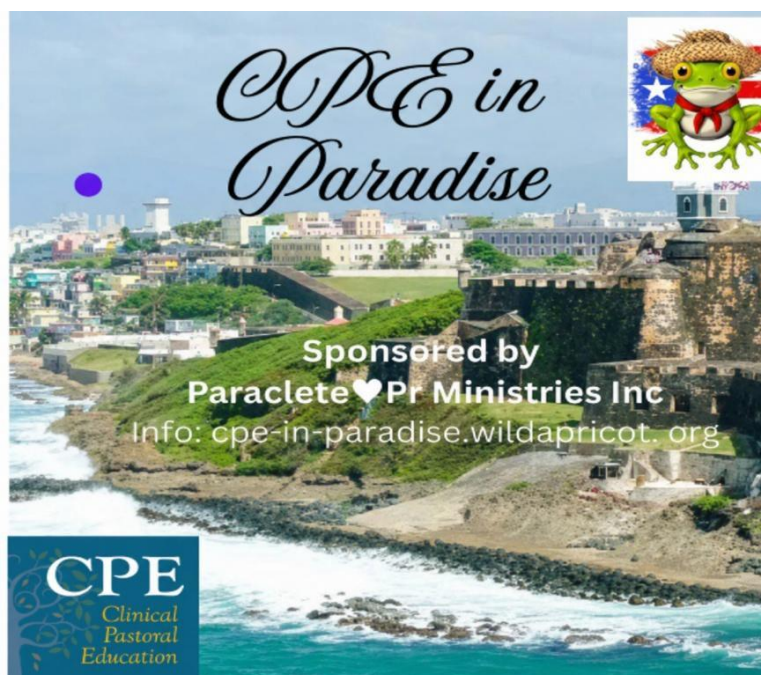
Hear from Pete McCanna, CEO of Baylor, Scott and White Health

<https://acpe.edu>

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APPENDIX C

Proposal for Introductory Planning Meeting



CPE In Paradise

Proposal for the Introductory Planning Meeting

Puerto Rico Clinical Pastoral Education (CPE) Partnership Initiative

Hosted by

ParacletePR Ministries

Proposed Theme

Building the Future of Clinical Pastoral Education in Puerto Rico

Purpose

To bring together healthcare, higher education, faith, and community leaders to explore the development of an accredited Clinical Pastoral Education (CPE) program that will strengthen spiritual care, chaplaincy education, and compassionate healthcare throughout Puerto Rico. This meeting is exploratory in nature and is intended to establish a collaborative vision, identify institutional interests, and determine next steps toward creating a sustainable CPE program.

Meeting Objectives

Participants will:

- Learn about Clinical Pastoral Education and current accreditation standards.
- Discuss the growing need for professionally trained chaplains in Puerto Rico.

- Explore opportunities for collaboration among hospitals, hospices, universities, seminaries, and faith communities.
- Identify potential clinical training sites.
- Discuss governance and partnership models.
- Establish a Steering Committee to continue planning.

Proposed Participants

Healthcare Systems

- VA Caribbean Healthcare System
- University of Puerto Rico Medical Center
- Hospital Menonita Health System
- Hospital Episcopal San Lucas
- Auxilio Mutuo Hospital
- Doctors' Center Hospital
- Hospice organizations

Educational Institutions

- Seminario Evangélico de Puerto Rico
- University of Puerto Rico
- Inter American University
- Universidad Central del Caribe
- Ponce Health Sciences University

Faith Partners

- Union Church of San Juan
- Roman Catholic Diocese representatives
- Episcopal Diocese
- Baptist, Methodist, Lutheran, Presbyterian, Pentecostal, and Nazarene leaders

Professional Organizations

- Association of Professional Chaplains (APC)
- Spiritual Care Association (SCA)
- ACPE representatives
- Veterans Affairs Chaplain Service
- Hospice and Palliative Care Association representatives

Proposed Agenda

Welcome and Opening Prayer

10 minutes

Introductions

Purpose of the meeting

Why Puerto Rico Needs Clinical Pastoral Education

20 minutes

Presentation covering:

- Current shortage of trained chaplains
- Growth of hospice and palliative care
- Veterans' spiritual care

- Behavioral health
- Disaster response
- Healthcare workforce needs

Understanding Clinical Pastoral Education

25 minutes

Overview of:

- What CPE is
- Accreditation pathways
- Student outcomes
- Benefits to hospitals
- Benefits to universities
- Benefits to faith communities

Vision for Puerto Rico

20 minutes

Discussion of:

A collaborative statewide model that prepares chaplains to serve hospitals, hospices, correctional facilities, military installations, universities, and community organizations.

Partnership Discussion

30 minutes

Facilitated discussion:

- What resources does each organization bring?
- What are the greatest challenges?
- What opportunities exist?
- Which institutions might serve as initial clinical sites?

Developing a Roadmap

20 minutes

Identify:

Short-term goals (12 months)

Intermediate goals (2–3 years)

Long-term goals (5 years)

Formation of a Steering Committee

20 minutes

Volunteers representing:

- Hospitals
- Hospice
- Universities
- Seminaries
- Faith communities
- Veteran services
- Community organizations

Closing Discussion

Determine next meeting date.

Identify working groups.

Assign initial tasks.

Proposed Outcomes

By the conclusion of the meeting, participants should:

- Share a common understanding of CPE.
 - Express institutional interest.
 - Identify possible partner organizations.
 - Establish a Steering Committee.
 - Approve development of a feasibility study.
 - Begin drafting a strategic implementation plan.
-

Immediate Next Steps

1. Conduct a statewide needs assessment.
 2. Inventory existing chaplaincy resources.
 3. Identify potential certified educators.
 4. Explore accreditation requirements.
 5. Secure institutional commitments.
 6. Develop a financial sustainability plan.
 7. Prepare grant proposals and fundraising strategy.
 8. Select a pilot clinical training site.
-

Vision Statement

To establish a collaborative, accredited Clinical Pastoral Education program that prepares compassionate, culturally competent, and professionally qualified spiritual care providers to serve the people of Puerto Rico across healthcare, hospice, military, correctional, and community settings.

Prepared by**ParacletePR Ministries**

“Preparing Spiritual Care Leaders for Puerto Rico’s Future.”

APPENDIX D

List of Hospitals in Puerto Rico

Hospital	Municipality
Auxilio Mutuo Hospital	San Juan
Ashford Presbyterian Community Hospital	San Juan
Hospital Pavía Hato Rey	San Juan
Hospital Pavía Santurce	San Juan
Hospital Metropolitano	San Juan
San Jorge Children's Hospital	San Juan
Hospital San Francisco	San Juan
University Hospital (Hospital Universitario de Adultos)	San Juan
VA Caribbean Healthcare System	San Juan
Hospital Oncológico Dr. Isaac González Martínez	San Juan
San Juan Municipal Hospital	San Juan
Hospital UPR Dr. Federico Trilla	Carolina
Doctors' Center Hospital San Fernando	Carolina
Bayamón Medical Center	Bayamón
HIMA San Pablo Bayamón	Bayamón
Doctors' Center Hospital Bayamón	Bayamón
Professional Hospital	Guaynabo
Doctors' Center Hospital Orlando Health	Dorado
Wilma N. Vázquez Medical Center	Vega Baja
Hospital Metropolitano Dr. Susoni	Arecibo
Hospital Pavía Arecibo	Arecibo
Doctors' Center Hospital	Manatí
Manatí Medical Center	Manatí
Hospital Menonita Aibonito	Aibonito
Hospital Menonita Cayey	Cayey
Hospital Menonita Caguas	Caguas
Hospital Pavía Caguas	Caguas
Hospital Menonita Guayama	Guayama
Hospital Menonita Humacao	Humacao
Ryder Memorial Hospital	Humacao
Centro Médico del Turabo	Humacao
Caribbean Medical Center	Fajardo
Centro Médico del Noreste	Fajardo
Hospital Damas	Ponce
Hospital San Lucas	Ponce

Hospital	Municipality
Hospital Episcopal San Lucas	Ponce
Hospital Metropolitano Dr. Pila	Ponce
Hospital San Cristóbal	Ponce
Hospital Menonita Ponce	Ponce
Hospital Bella Vista	Mayagüez
Hospital Perea	Mayagüez
Mayagüez Medical Center	Mayagüez
Hospital San Antonio	Mayagüez
Hospital Buen Samaritano	Aguadilla
Hospital de la Concepción	San Germán
Hospital Metropolitano San Germán	San Germán
Hospital San Carlos Borromeo	Moca
Hospital General Castañer	Lares
Hospital Metropolitano de la Montaña	Utüado
Susana Centeno Hospital	Vieques

APPENDIX F

List of Hospices in Puerto Rico (Certified by Medicaid)

Puerto Rico currently has approximately 42 Medicare-certified hospice providers serving patients across 28 municipalities. These organizations provide in-home hospice, inpatient hospice, palliative care, bereavement counseling, and spiritual care.

Below are many of the major hospice organizations on the island.

Hospice	Municipality
Hospicio Divina Presencia	San Juan
Hospicio del Oeste	San Juan
Caribbean Hospice Corporation	San Juan
Condado Hospice Program, Inc.	San Juan
Hospicio Gregoria Auffant, Inc.	San Juan
Nova Hospice	San Juan
Ascend Hospice	San Juan
Hospicio Luz Celeste	Caguas
Hospicio La Paz	Arecibo
Hospicio & Home Care San Lucas (Arecibo)	Arecibo
Hospicio Camino de Luz	Manatí
Hospicio Luz de Esperanza	Manatí
Path of Life Hospice Care	Manatí
Hospicio La Fe	Manatí
Hospicio & Home Care San Lucas	Aguadilla
Hospicio San Francisco de Asís	Aguada
Hospicio Santa Rita	Cabo Rojo
Hospicio del Oeste	San Germán
Hospicio La Montserrate	Sabana Grande
Quality Care Hospice	Juana Díaz
Western Medical Hospice	Hatillo
Hogar Sueño de Amor	San Juan

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